

THOMAS GROOM & CO.
INCORPORATED
STATIONERS.
(105 State Street)
BOSTON.

TO DUPLICATE THIS BOOK SEND

No

3568-8

PLACE OF DEATH

1

Suffolk
(County)
Wentworth
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1

No. Mayflower Court Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Eva Bennett
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 771 Broadway Chelsea
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death 05 years 05 months 05 days. In place of residence 05 years 05 months 05 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 3 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fracture of femur following
injury in accidental
fall.5 Accident, suicide, or homicide (specify) AccidentalDate and hour of injury Dec 20 1952Where did Injury occur? Chelsea Mass
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place? Home
(Specify type of place)Manner of Injury Accidental fall
(How did injury occur)Nature of Injury Fracture of femurWhile at work? no Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) Walter G. Baker M. D.(Address) 25 State St. Date 1/3 19537 WOODLAWN EVERETT
Place of Burial, or Cremation (City or Town)DATE OF BURIAL JAN. 5 19538 NAME OF FUNERAL DIRECTOR Mendell W. DohertyADDRESS 23 Gary Ave ChelseaReceived and filed JAN 12 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX FEMALE 10 COLOR OR RACE WHITE 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED WIDOW11a If married, widowed, or divorced
HUSBAND of JACOB BENNETT
(Give maiden name of wife in full)(or) WIFE of JACOB BENNETT
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 96 Years 00 Months 00 Days If under 24 hours
Hours Minutes14 Usual Occupation HOUSEWORK
(Kind of work done during most of working life)15 Industry or Business AT HOME16 Social Security No. NON-F17 BIRTHPLACE (City) HARDWICK
(State or country) MASS.18 NAME OF FATHER WARNER CLEVELAND19 BIRTHPLACE OF FATHER (City) HARDWICK
(State or country) MASS.20 MAIDEN NAME OF MOTHER UNKNOWN21 BIRTHPLACE OF MOTHER (City) "
(State or country) "22 Informant CHELSEA BUREAU - OLDER ASSISTANCE
(Address) CITY HALL CHLSEA

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent or Board of Health or other)
Jan. 5/1953
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homocidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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50M-(D)-6-51-904917

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. 39 Grovers Ave Maryflower Mrs. of Horne (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie MacKenna Mills (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 249 Washington Ave. St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 17 days. In place of residence 17 years 1 months 17 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 6 1953 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 19 47 to Jan 6 1953

I last saw her alive on Jan 5 1952, death is said to have occurred on the date stated above, at 7:30 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Branch of pneumonia (terminal) 3 days

ANTE CEDENT CAUSES

Due To

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

(k)

(l)

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(p)

(q)

(r)

(s)

(t)

(u)

(v)

(w)

(x)

(y)

(z)

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

(City or Town)

(State or Country)

(Date)

(Time)

(Signature)

(Address)

(City or Town)

(State or Country)

(Date)

(Time)

(Signature)

(Address)

(City or Town)

(State or Country)

Received and filed. 19.

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 2

To be filed for burial permit
with Board of Health
or its Agent.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 17 days. In place of residence 17 years 1 months 17 days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George MacKenna (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 93 AGE 93 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Prince Edward Island

17 NAME OF FATHER Samuel Mills cannot be learned

18 BIRTHPLACE OF FATHER (City) (State or country) Prince Edward Island

19 MAIDEN NAME Hannah Williams OF MOTHER cannot be learned

20 BIRTHPLACE OF MOTHER (City) (State or country) Prince Edward Island

21 Informant George MacKenna (Address) 249 Washington Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (Signature of Agent of Board of Health or other)
H.O. (Official Designation)
Jan. 8/53 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
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500M (A1-1-51) 903586

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSuffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 3

Winthrop
(City or town making return)1 PLACE OF DEATH
No. 15 Elmwood Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Amelia Jane (Cobb) Belcher
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)(a) Residence. No. 15 Elmwood Ave. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 70 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 9, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 1940 to Jan 9, 1953I last saw her alive on Jan 8, 1953 death is said to
have occurred on the date stated above, at 12:30 P.M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Broncho-Pneumonia 34 days

ANTE CEDENT CAUSES Due To Senility 2 years

Due To (c)

OTHER SIGNIFICANT CONDITIONS Anterior Sclerosis

Major findings: Of operations none

Date of operation none Was autopsy performed? no

What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) J. J. Cronin M.D.

(Address) Winthrop Date Jan 10, 1953

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Monday January 12, 1953

7 NAME OF FUNERAL DIRECTOR Alfred J. Marsh

ADDRESS 174 Winthrop St Winthrop

Received and filed JAN 12 1953 19

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Henry Moore Belcher (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 3 Months 18 Days If under 24 hours Hours Minutes

13 Usual Occupation: housework (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Charlotte Town (State or country) Prince Edward Island

17 NAME OF FATHER Samuel Cobb

18 BIRTHPLACE OF FATHER (City) England (State or country)

19 MAIDEN NAME OF MOTHER Mary Brakey

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Harrison C. Belcher (Address) 15 Elmwood Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/13/53 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 48, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
path.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

50M-(D)-6-51-904917

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 4

No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary M. Donnelly (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 252 Parkway St. Chelsea (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 4 years 10 months 10 days. In place of residence 10 years 10 months 10 days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 9 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, (That I attended deceased from
Dec. 15 1952 to Jan 9 1953

I last saw her alive on Jan 8 1953, death is said to

have occurred on the date stated above, at 7:10 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of

ANTE CEDENT CAUSES (b) Carcinoma of
Vulva

Due To (c) no

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations Carcinoma of Vulva

Date of operation Jan 8 1953 Was autopsy performed?

What test confirmed diagnosis? Parade Hospital

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. Washington M. D.

(Address) 20 Washington St. Date 1-10-1953

6 Holy Cross Cem. Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 13 1953

7 NAME OF FUNERAL DIRECTOR H. J. McElinchey

ADDRESS 583 Broadway Chelsea

Received and filed JAN 12 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John B. Donnelly
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 58 Months 0 Days 0 Hours 0 Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. 06-10-10000

16 BIRTHPLACE (City) Chelsea
(State or country) Mass.

17 NAME OF FATHER John Lawton

18 BIRTHPLACE OF FATHER (City) Cork
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Ryan

20 BIRTHPLACE OF MOTHER (City) Cork
(State or country) Ireland

21 Informant Agnes D. Donnelly
(Address) 19 Light St. Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/12/53 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

M R-302

The Commonwealth of Massachusetts

Boston

5

Suffolk

(County)

Boston

(City or Town)



EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 222

PLACE OF DEATH

No. Mass. General Hosp. t

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Ivome Poulin**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. **10 Charles St**
(Usual place of abode)

St. **Winthrop Mass.**
(If nonresident, give city or town and State)

Length of stay: In place of death years months **3** days. In place of residence **13** years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Jan. 9/53**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Jan. 6** 19 **53** to **Jan. 9** 19 **53**
I last saw him alive on **Jan. 9** 19 **53** death is said to have occurred on the date stated above, at **2:35 AM**

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Pulmonary emphysema**

INTERVAL BETWEEN ONSET AND DEATH
7 Yrs

ANTECEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS
Cor pulmonale

Major findings:
Of operations. **None**

Date of operation. Was autopsy performed? **Yes**

What test confirmed diagnosis? **autopsy**

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **C. J. Clay** M. D. **53**
(Address) **Mass. General Hosp. 1-9**

6 Place of Burial or Cremation **Grace Lawn Mem. Auburn Maine**
(City or Town)

DATE OF BURIAL **Jan. 12/53** 19

7 NAME OF FUNERAL DIRECTOR **H S Reynolds**

ADDRESS **Winthrop Mass.**

Received and filed **FEB 1953** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F** 9 COLOR OR RACE **W** 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Omer Poulin**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **51** Years **11** Months **24** Days
If under 24 hours Hours Minutes

13 Usual Occupation: **Shoe Worker**
(Kind of work done during most of working life)

14 Industry or Business: **Shoe Factory**

15 Social Security No. **007-03-1346**

16 BIRTHPLACE (City) **Bath Maine**
(State or country)

17 NAME OF FATHER **Joseph Tardif**

18 BIRTHPLACE OF FATHER (City) **Canada**
(State or country)

19 MAIDEN NAME OF MOTHER **Mary Labrie**

20 BIRTHPLACE OF MOTHER (City) **Lincoln Maine**
(State or country)

21 Informant (Address) **O Poulin**

A TRUE COPY

ATTEST: **Charles H. Mackie**
(Registrar of City or Town where death occurred)

DATE FILED **Jan. 12/53** 19

25M. (B)-11-51-905807

RECEIVED



FEB-2 1954

1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthma,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causetions contrib-
death but not
the disease or
causing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis A. Leddy
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 86 Beal St Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 10 - 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1952 to Jan 10 - 1953 19
I last saw him alive on Jan 10, 1953, death is said to

have occurred on the date stated above, at 11 p. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Carcinoma of lungs

INTERVAL BE-
TWEEN ONSET
AND DEATH

6 months

ANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Carcinoma of lungs
Of operations: Aug 52

Date of operation: Was autopsy performed? No.

What test confirmed diagnosis? Chemist - X Ray

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify: Charles H. Sullivan, M. D.

(Signed) (Address) 355 Haver St Boston Date 19

6 Place of Burial or Cremation Holy Cross Malden (City or Town)

DATE OF BURIAL January 14 1953

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St East Boston

Received and filed. 19

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 6

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Laura Surette
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years 7 Months 23 Days If under 24 hours
Hours Minutes13 Usual Occupation: General foreman
(Kind of work done during most of working life)

14 Industry or Business: General Electric Lamp Works

15 Social Security No. C-1

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER John Leddy

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Sullivan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

PARENTS

Informant Mrs. Laura Leddy wife
(Address) 86 Beal St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Yvonne A. Powers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/13/53
(Date of Issue of Permit)

100M-(D)-10-48-24656

M.S.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RM R-302

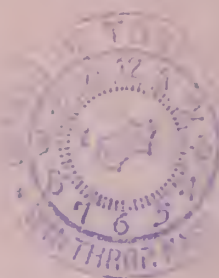
Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

Declined by Medical Examiner

PLACE OF DEATH		The Commonwealth of Massachusetts		Boston	
1	Suffolk (County)	EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS	(City or town making return)		
	Boston (City or Town)	COPY OF CERTIFICATE OF DEATH	Registered No. 315		
No. Mass. General Hospt.		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME Esther Mele (If deceased is a married, widowed or divorced woman, give also maiden name.)		(Was deceased a U. S. War Veteran, if so specify WAR)			
(a) Residence. No. 15 Shore Drive (Usual place of abode)		St. Winthrop Mass. (If nonresident, give city or town and State)			
Length of stay: In place of death.....years.....months.....1.....days. In place of residence.....years.....4.....months.....days.					
MEDICAL CERTIFICATE OF DEATH					
3 DATE OF DEATH Jan. 10/53 (Month) (Day) (Year)					
4 I HEREBY CERTIFY, That I attended deceased from Jan. 9 19 53 to Jan. 10 19 53					
I last saw h. or alive on Jan. 10 19 53 death is said to have occurred on the date stated above, at 11:30 A. m.					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Putrid abscess of R L L with hemorrhage					
INTERVAL BETWEEN ONSET AND DEATH ? Mos. Years					
ANTECEDENT CAUSES Due To (b) Empyema of left lung					
Due To (c)					
OTHER SIGNIFICANT CONDITIONS cor pulmonale with r. ventricular hypertrophy					
Major findings: Of operations.					
Date of operation. Was autopsy performed? Yes					
What test confirmed diagnosis? autopsy					
5 Was disease or injury in any way related to occupation of deceased? No					
If so, specify (Signed) R. A. Field M. P. 1-12 19 53 (Address) Mass. General Hospt.					
6 Cedar Grove Dorchester Mass. Place of Burial or Cremation (City or Town)					
DATE OF BURIAL Jan/13/53 19					
7 NAME OF FUNERAL DIRECTOR J H Granstrom ADDRESS Boston Mass.					
Received and filed. FEB 4 1953 19					
(Registrar of City or Town where deceased resided)					
PERSONAL AND STATISTICAL PARTICULARS					
8 SEX F		9 COLOR OR RACE W		10 SINGLE MARRIED WIDOWED OR DIVORCED Married	
10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of Alexander A Mele (Husband's name in full)					
11 IF STILLBORN, enter that fact here.					
12 AGE 17 Years 3 Months 19 Days				If under 24 hours Hours Minutes	
13 Usual Occupation: Housewife (Kind of work done during most of working life)					
14 Industry or Business: At Home					
15 Social Security No. None					
16 BIRTHPLACE (City) (State or country) Boston Mass.					
17 NAME OF FATHER Gunnar Flodstrom					
18 BIRTHPLACE OF FATHER (City) (State or country) Sweden					
19 MAIDEN NAME OF MOTHER Signe Landen					
20 BIRTHPLACE OF MOTHER (City) (State or country) Sweden					
21 Informant (Address) Alexander A Mele					
A TRUE COPY					
ATTEST: Charles J. Mackie (Registrar of City or Town where death occurred)					
DATE FILED Jan/14/53 19					

RECEIVED



FEB 9 PM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 447

8

No. Beth Israel Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WILLIAM LANDSMAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 501 Shirley Ave.
(Usual place of abode)

xxx Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 33 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 15 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 12/14, 1952, to 1/15, 1953

I last saw him alive on 1/15, 1953, death is said to have occurred on the date stated above, at 10:25p. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) hypertensive heart disease

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES Due To (b) uremia

Due To (c) malignant hypertension

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Rubinstein M. D.
(Address) 330 Brkl. Ave. Date 1/16, 1953

6 Beth Israel Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 16 1953

7 NAME OF FUNERAL DIRECTOR H Torf

ADDRESS Chelsea, Mass.

Received and filed FEB 9 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

10a If married, widowed, or divorced HUSBAND of Lillian Green
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 42 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Proprietor
(Kind of work done during most of working life)

14 Industry or Business: Retail Foods

15 Social Security No. 011-03-0951

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Harry Landsman

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Jennie Beckerman

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant L Landsman
(Address)

A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

Jan 19 53
DATE FILED 19

RECEIVED



FEB 9 PM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

9

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 139 Washington Ave.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

George Albert Luke

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

139 Washington Ave.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence 36 years. months. days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.id conditions,
ing rise to the
se (a) stating
rlyng causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 17 1953
(Month) (Day) (Year)I HEREBY CERTIFY that I attended deceased from
Jan 17 1953 to Jan 17 1953

I last saw h. in alive on Jan 17 1953 death is said to

have occurred on the date stated above, at 11:55 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary Occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATH

1/2 hr.

ANTECEDENT CAUSES

Due To

(b)

Arteriosclerosis

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

none.

Major findings:
Of operations.

none

Date of operation.

Was autopsy performed? no

What test confirmed diagnosis? none

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Myron S. King

(Address) 25 Stodge St Winthrop

Date 1/17 1953

6

Place of Burial or Cremation

Winthrop Cemetery, Winthrop

(City or Town)

DATE OF BURIAL JANUARY 20 1953

7

NAME OF FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS 180 Winthrop St Winthrop, Mass

Received and filed.

JAN 23 1953

19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of Georgia M. Eagle
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 9 Months 16 Days If under 24 hours
Hours Minutes13 Usual Occupation: Manager
(Kind of work done during most of working life)

14 Industry or Business: Home Products

15 Social Security No. 010-03-9982

16 BIRTHPLACE (City) Roxbury
(State or country) Mass.

17 NAME OF FATHER John Ash Luke

18 BIRTHPLACE OF FATHER (City) Andover
(State or country) Mass.

19 MAIDEN NAME OF MOTHER SARAH Elizabeth Watts

20 BIRTHPLACE OF MOTHER (City) Cork Island
(State or country) Ireland21 Informant (Address) George Luke Jr.
446 Prospect Ave. Revere, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter O. Baker
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) 1/19/53 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

538

Registered No.

PLACE OF DEATH

No. South Dept. Boston City Hospt. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Herbert Rich (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR.) WW #1(a) Residence. No. 11 Dwight St St. Dorchester Mass. (Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death.....years.....months.....days. In place of residence. 3 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan/18/53 (Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Jan/16 19 53 to Jan. 18 19 53I last saw him live on Jan. 18 19 53 Death is said to have occurred on the date stated above, at 5:30A.m.DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary tuberculosis advanced, activeANTE CEDENT CAUSES Due To (b) Months ? 1 Yr.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Cirrhosis of liver (Laennec's) Yrs

Major findings: Of operations.....

Date of operation..... Was autopsy performed? NoWhat test confirmed diagnosis? Xrays of chest and positive5 Was disease or injury in any way related to occupation of deceased? sputaIf so, specify No(Signed) Jacob Matloff M. D.(Address) Boston City Hospt. 1-2019 536 Place of Burial or Cremation (City or Town) Winthrop Cem-Winthrop Mass.DATE OF BURIAL Jan. 20/53 19.7 NAME OF FUNERAL DIRECTOR M W KirbyADDRESS Winthrop Mass.

Received and filed.....19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married10a If married, widowed, or divorced Mildred Harris HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 rs Months Days If under 24 hours Hours Minutes13 Usual Occupation: Musician (Kind of work done during most of working life)14 Industry or Business: Self15 Social Security No. None16 BIRTHPLACE (City) Boston Mass. (State or country)17 NAME OF FATHER Gilbert W Rich18 BIRTHPLACE OF FATHER (City) East Boston Mass. (State or country)19 MAIDEN NAME OF MOTHER Elizabeth Wilson20 BIRTHPLACE OF MOTHER (City) North Truro Mass. (State or country)21 Informant (Address) W Rich

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan. 21/53 19.

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



FEB 9 PM

Entered Service Dec.26,1917

Discharged Sept.30,1921 at Boston

Musician 1st Class

U S Naval Reserve

183-33-56 at Boston Mass.

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

PLACE OF DEATH

Essex
(County)Beverly
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Beverly

(City or town making return)

Registered No. 11

No. Beverly Hospital

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Samuel Halpern
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 150 Shore Drive
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 29, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Coronary disease. Pulmonary edema
in hospital less than 24 hours

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did
Injury occur? (City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? (Specify type of place)Manner of
Injury (How did injury occur?)Nature of
Injury

While at work? No Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Whitman G. Stickney M. D.
(Address) Beverly, Mass. Date 1/30 1953

Bessambian Cem. Everett, Mass.

Place of Burial, or Cremation (City or Town)

DATE OF BURIAL Feb. 1, 19

8 NAME OF FUNERAL DIRECTOR Benjamin Bimback

ADDRESS 10 Washington St., Dorchester

Received and filed January 30, 1953

FEB 10 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 65 Years Months Days If under 24 hours
Hours Minutes14 Usual Occupation Millinery Store
(Kind of work done during most of working life)15 Industry For himself
or Business

16 Social Security No. 031-05-3771

17 BIRTHPLACE (City) Russia
(State or country)

18 NAME OF FATHER Jacob Halpern

19 BIRTHPLACE OF FATHER (City) Russia
(State or country)

20 MAIDEN NAME OF MOTHER Bessie Cannot be learned

21 BIRTHPLACE OF MOTHER (City) Russia
(State or country)22 Informant Benjamin Halpern
(Address) 5 Loris Rd., Danvers

A TRUE COPY

TEST: Thomas H. Scanlan
(Registrar of City or Town where death occurred)

Agent 1/30/53

DATE FILED 19

RECEIVED



FEB 10

PM

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

12

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Eleanor R. Collins (Ardini)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 87 Endicott Ave.

(Usual place of abode)

St. Revere

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 16 days. In place of residence 17 years. months. days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
ath.id conditions.
iving rise to the
se (a) stating
rying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 31 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 19 52 to January 31 1953

I last saw her alive on January 31 1953 death is said to

have occurred on the date stated above, at 11:15 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a)Pulmonary
EmboliINTERVAL BE-
TWEEN ONSET
AND DEATH

1 week

ANTE CEDENT
CAUSES

Due To

(b)

Rheumatic Heart
Disease

Due To

(c)

Known
since
1951OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation.

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

DATE

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

FEB 4 1953

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Female White MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Daniel J. Collins

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 44 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Boston Mass
(State or country)

17 NAME OF FATHER James Ardini

18 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

19 MAIDEN NAME OF MOTHER Louise Cuneo

20 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)21 Informant Daniel J. Collins
(Address) 87 Endicott Ave., RevereI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Office
(Official Designation) 2/3/53
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war; and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition)

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

CONNECTICUT STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics - Hartford, Connecticut, U. S. A.

COPY

Certificate of Death

1. PLACE OF DEATH:

(a) State of Connecticut (b) County New Haven
(c) Town New Haven
(If not in hospital give street no. or location)
(e) Name of Hospital or Institution Gr. New Haven Comm Hospital

3. NAME OF DECEASED (First) (Middle) (Last)
Type or print MAURICE J. Newman

PERSONAL AND STATISTICAL PARTICULARS

5. SEX M 6. RACE W. 7. SINGLE, WIDOWED, MARRIED, DIVORCED

8. IF MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND

Anne Cohen

9. DATE OF DEATH (Month) (Day) (Year)
JAN. 7. 1953.

10. DATE OF BIRTH (Month) (Day) (Year)
Dec. 1, 1893 AGE in years (last birthday) 59
If under 1 year (Month) (Day) (Hour) (Min.)

11. BIRTHPLACE (City or town) (State or foreign country)
WINTHROP, MASS.

12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Salesman

(b) Industry or Business

Knitted Wear

13. (a) WAS DECEASED A VETERAN? Yes or No No

(b) If yes, give war

Unit or Ship

FATHER 14. NAME Harry Newman
(City or town) (State or foreign country)

15. BIRTHPLACE New York N. Y.

MOTHER 16. NAME Theresa Olinsky
(City or town) (State or foreign country)

17. BIRTHPLACE New York N. Y.

18. INFORMANT'S NAME

Donald J. Newman

19. BURIAL, CREMATION OR OTHER PLACE Date Jan. 9, 1953
Cemetery or Crematory Hebrew Cemetery
Place Boston, Mass.

20. NAME OF EMBALMER IF BODY WAS EMBALMED License number

Harry Weller 650

21. SIGNATURE OF LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR

Harry Weller

New Haven 11, Conn.

January 7, 1953

2. USUAL RESIDENCE OF DECEASED:

(a) State MASS. (b) County Winthrop
(c) Street 19 Cross St.
(d) (City or Borough)

(e) Street Number 19 Cross St.
(Last) Newman

4. SOCIAL SECURITY NUMBER

MEDICAL CERTIFICATION

22. CAUSE OF DEATH (State the cause of death and the interval between onset and death)

(a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
This does not include the cause of death, such as heart failure, stroke, etc. It means the disease, injury or complication which caused death

INTERVAL BETWEEN ONSET AND DEATH

Coronary Heart Disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO Arteriosclerosis

DUE TO

23. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

24. OPERATION, DATE AND MAJOR FINDINGS

AUTOPSY (Yes or No)

no

25. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

(a) Accident, suicide, homicide (specify) (b) Date of occurrence

(c) City or Town and State

Where injury occurred

(d) Did injury occur in or about home, factory, farm, office, street, etc.? (e) While at work?

(f) How did it occur?

26. I HEREBY CERTIFY, That I attended the deceased from

that I last saw the deceased alive on

and that death is said to have occurred on

27. SIGNATURE OF PHYSICIAN

Dr. P. Taylor

Address North Haven

REGISTERED

Andrew Basolino

I certify that this is a true copy of the certificate received for record.

Registrar.

Andrew Basolino

Attest:

RECEIVED



FEB 18

AM

"This copy of Certificate received

for record at -----

this ----- day of -----

----- Registrar"

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(c)-11-49-900-475

M R-305

PLACE OF DEATH

1

~~Essex~~

Danvers

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

14

Registered No.

No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hilda Jackson (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 253 Shirley St. Winthrop (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death.....years 1 months 12 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 15 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Pharyngitis
Bronchopneumonia

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?.....
(Specify type of place)

Manner of injury.....
(How did injury occur?)

Nature of injury.....

While at work?.....Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) RALPH MCCARTHY, M. D.

(Address) Peabody, Mass. Date 1/16/ 1953

7 Cedar Grove Cem. Danvers
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL January 24, 53

8 NAME OF FUNERAL DIRECTOR Marjorie Johnson

ADDRESS Roxbury, Mass.

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)
Female Negro MARRIED
WIDOWED
or DIVORCED Single

11a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 46 Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation: Hotel worker
(Kind of work done during most of working life)

15 Industry or Business:.....

16 Social Security No.

17 BIRTHPLACE (City) N.S., Canada
(State or country)

18 NAME OF FATHER John Jackson

19 BIRTHPLACE OF FATHER (City) N.S., Canada
(State or country)

20 MAIDEN NAME OF MOTHER Cannot be learned

21 BIRTHPLACE OF MOTHER (City) N.S., Canada
(State or country)

22 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED January 26, 1953

RECEIVED



FEB 10 11

PLACE OF DEATH

SUFFOLK
BOSTON (County)

The Commonwealth of Massachusetts

BOSTON

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 604

15

No. Veterans Administration Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

CHARLES E BURRILL

(Was deceased a U. S. War Veteran, if so specify WAR) WW I

Winthrop, Mass.

(a) Residence. No.

(Usual place of abode)

365 Winthrop

St.

life

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....2 months.....9 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 18 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11/9 1952 to 1/18 1953

I last saw him alive on 1952, death is said to have occurred on the date stated above, at 9:00p. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) hepatic coma

INTERVAL BETWEEN ONSET AND DEATH hrs.

ANTE CEDENT CAUSES

Due To

cirrhosis

(b)

post-infectious

yrs.

Due To

(c)

gastro-intestinal

hemorrhage

days

OTHER SIGNIFICANT CONDITIONS

esophageal varices

yrs.

bronchial pneumonia

days

Major findings:

Of operations:

porto-caval anastomosis

Date of operation:

1/10/53

Was autopsy performed? yes

What test confirmed diagnosis?

autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify:

(Signed)

(Address)

H Achenbach

Date

1/19/53

6 Winthrop Cem. Winthrop, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Jan 21

19

7 NAME OF FUNERAL DIRECTOR

A Marsh

ADDRESS

Winthrop, Mass.

Received and filed

FEB 16 1953

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M-

9 COLOR OR RACE

W

10 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

10a If married, widowed or divorced

HUSBAND of

Fannie Allen

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

65

Years

1

Months

13

Days

If under 24 hours

Hours

Minutes

13 Usual Occupation:

Supt.-water Dept.

(Kind of work done during most of working life)

14 Industry or Business:

Winthrop, Mass.

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Winthrop, Mass.

17 NAME OF FATHER

Frank Burrill

18 BIRTHPLACE OF FATHER (City)

(State or country)

Winthrop,

Mass.

19 MAIDEN NAME OF MOTHER

Hannah Mann

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Surrey

Maine

21 Informant (Address)

V A Hospital Records

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Jan 22

19

53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-9015807

DATE OF ENTERING MILITARY SERVICE - 5/24/17

DATE OF DISCHARGE

4/28/19

RANK,RATING

Pvt Mach Gun Co

ORGANIZATION AND OUTFIT

101st Infantry

SERVICE NUMBER

62880

RECEIVED



FEB 16 PM

CONNECTICUT STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics — Hartford, Connecticut, U. S. A.

COPY

Certificate of Death

1. PLACE OF DEATH:

(a) State of Connecticut: (b) County New Haven
(c) Town Boat - "Thomas H. Tetis"
(d) Length of stay in town
(e) Name of Hospital or Institution New Haven Hospital
(If not in hospital give street no. or location)

2. USUAL RESIDENCE OF DECEASED

(a) State MASS (b) County Dorset
(c) Town Winthrop (d) (City or Borough)
(e) Street Number 209 River Road (If rural, give location)

3. NAME OF DECEASED (First) (Middle) (Last)
Type or print George J. Adams

4. SOCIAL SECURITY NUMBER

PERSONAL AND STATISTICAL PARTICULARS

5. SEX M 6. RACE Wh 7. ~~SEX~~
8. IF MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND Ann J. Brogan
9. DATE OF DEATH (Month) (Day) (Year) JAN 20 '53
10. DATE OF BIRTH (Month) (Day) (Year) 3/31/97 AGE (in years last birthday) 55
If under 1 year (Day) (Month) (Year) Hours Mins.

11. BIRTHPLACE (City or town) (State or foreign country)
East Boston Mass.

12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Inspector U. S. A. Engineer

(b) Industry or Business

U. S. ARMY

13. (a) WAS DECEASED A VETERAN? Yes or No Active Service

(b) If yes, Unit or Ship US Army Corps of Engineers

FATHER

14. NAME Frederick Adams (City or town) (State or foreign country)

15. BIRTHPLACE St. John New Brunswick

MOTHER

16. NAME Elizabeth Dunn (City or town) (State or foreign country)

17. BIRTHPLACE East Boston Mass.

18. INFORMANT'S NAME

John F. O'Maley (Funeral director)

19. BURIAL, CREMATION OR REMOVAL Date Jan. 24 1953

Cemetery or Crematory Winthrop

Place Winthrop, Mass.

20. NAME OF EMBALMER IF BODY WAS EMBALMED Licence number

Edward L. McDermott 1410

21. SIGNATURE OF LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR

Keenan Funeral Home
Mary Rose Keenan

Address 66 Howard Ave., New Haven, Conn.

THIS CERTIFICATE RECEIVED FOR RECORD ON

JAN 21 1953

By

MEDICAL CERTIFICATION

22. CAUSE OF DEATH (Enter only one cause per line for (a), (b) or (c))

(a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death)

INTERVAL BETWEEN ONSET AND DEATH

Arteriosclerotic Heart Disease Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE (b) TO... Arteriosclerosis

DUE (c) TO...

23. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

24. OPERATION, DATE AND MAJOR FINDINGS

AUTOPSY (Yes or No)

NO

25. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: (b) Date of occurrence

(a) Accident, suicide, homicide (specify)

(c) City or Town and State

Where injury occurred

(d) Did injury occur in or about home, factory,

(e) While at work?

farm, office, street, etc.?

(f) How did it occur?

26. I HEREBY CERTIFY, That I attended the deceased from

10 to 10

that I last saw the deceased alive on

and that death is said to have occurred on

1/20/53
9:30 P. M.

27. SIGNATURE OF PHYSICIAN

Stearling P. Taylor M.D.

Address North Haven Date 1/21/53

REGISTRAR

Andrew Basoline

I certify that this is a true copy of the certificate received for record.

Registrar.

Andrew Basoline

Attest:

RECEIVED



FEB 12

18

"This copy of Certificate received

for record at

this day of

.....Registrar"

M R-302

PLACE OF DEATH

The Commonwealth of Massachusetts
EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Suffolk (County)
 Boston (City or Town)
 Boston
 Registered No. 671 17

No. Jewish Memorial Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frieda Solomon (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 122 Washington Ave. St. Winthrop Mass. (If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan/26/53 (Month) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan/13/53 to Jan. 21/53 I last saw him alive on Jan/21/53 death is said to have occurred on the date stated above, at 6:45PM

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Intra abdominal neoplasm

ANTE CEDENT CAUSES Due To (b) Due To (c)

OTHER SIGNIFICANT CONDITIONS Arterio sclerotic cardio vasc. disease

Major findings: Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No If so, specify J. F. Griffin (Signed) M. D. Jewish Mem. Hospt. (Address) Date 1-21-19-53

6 Place of Burial or Cremation Ohel Jacob Woburn Mass. (City or Town)

DATE OF BURIAL Jan. 23/53

7 NAME OF FUNERAL DIRECTOR B Birnbach

ADDRESS Dorchester Mass.

Received and filed FEB 16 1953 (Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F	9 COLOR OR RACE W	10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed
---------	-------------------	--

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Louis Solomon (husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Israel Kaplan

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Myer Krim

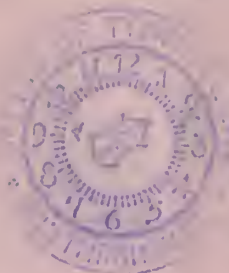
A TRUE COPY ATTEST: Charles H. Macdonald (Registrar of City or Town where death occurred)

DATE FILED Jan. 26/53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

RECEIVED



FEB 16 PM

M R-305

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

815 18

Registered No.

No. **Veteran's Adm. Hospt.**

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Christopher Molloy**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a U. S. War Veteran, if so specify WAR) **Spanish World #1**(a) Residence. No. **465 Winthrop**
(Usual place of abode)St. **Winthrop Mass.**
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Jan. 26/53**
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Generalized arterio sclerosis
prostatism pyelonephritis
fracture of hip accidental
fall on sidewalk at Winthrop

5 Accident, suicide, or homicide (specify)
Date and hour of injury **12-29-52** 19Where did
Injury occur?
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place?
(Specify type of place)Manner of
Injury
(How did injury occur?)Nature of
Injury

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) **Richard Ford**, M. D.
(Address) Date **1-27-1953**7 Place of Burial, or Cremation. **St. Joseph's Boston Mass.**
(City or Town)DATE OF BURIAL **Jan. 29/53** 198 NAME OF FUNERAL DIRECTOR **J. F. O'Malley**ADDRESS **Winthrop Mass.**Received and filed **FEB 24 1953** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX **M** 10 COLOR OR RACE **W** 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Widowed**11a If married, widowed, or divorced
HUSBAND of **Maria Lennon**
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE **82** Years Months Days
If under 24 hours
Hours Minutes14 Usual Occupation: **Retired U S Army**
(Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No. **None**17 BIRTHPLACE (City) **Ireland**
(State or country)18 NAME OF FATHER **Andrew Molloy**19 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)20 MAIDEN NAME OF MOTHER **Ann Heavey**21 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)22 Informant (Address) **Anna Foley Daughte**

A TRUE COPY.

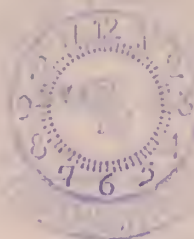
ATTEST: **Charles H. Mackie**
(Registrar of City or Town where death occurred)
Jan. 29/53

DATE FILED 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(c)-11-49-900-475

RECEIVED



FEB 21 11

Entered Service 11-15-1913

Discharged 11-14-1920

Sgt. C.A.C.

U S Army

Service No. 148608

PLACE OF DEATH

SUFFOLK

BOSTON
(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 844 19

No. Boston City Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. RALPH P WOOD

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 22 Siren

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months3.....days. In place of residence...4.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJanuary 27 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That ~~was~~ deceased from

1/27 19 to 1/27 1953

I last saw h.....alive on....., 19....., death is said to

have occurred on the date stated above, at 12:30p. m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) myocardial infarction

INTERVAL BE-
TWEEN ONSET
AND DEATH

-hrs.

ANTE Due To
CEDENT (b)
CAUSESpulmonary congestion
edema

-hrs.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M W O'Connell M. D.
(Address) 25 Woodlawn City of Everett, Mass.

6 Woodlawn Everett, Mass.

DATE OF BURIAL Jan 30 1953

7 NAME OF
FUNERAL DIRECTOR J E Henderson Co.

ADDRESS Everett, Mass.

Received and filed FEB 16 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 55 Years 5 Months 13 Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation: Admitting Clerk
(Kind of work done during most of working life)14 Industry
or Business Sharpe & Dohme Inc.

15 Social Security No. 028-12-6361

16 BIRTHPLACE (City)
(State or country) Everett, Mass.17 NAME OF
FATHER George H Wood18 BIRTHPLACE OF
FATHER (City) East Boston
(State or country) Mass.19 MAIDEN NAME
OF MOTHER Susan G Pierce20 BIRTHPLACE OF
MOTHER (City) Everett,
(State or country) Mass.

21

Informant
(Address) Sister

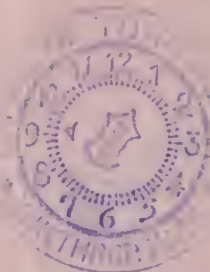
A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan 30 19 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



FEB 10 PM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

20

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 4 Paine Street



STANDARD
CERTIFICATE OF DEATH

Registered No.

2 FULL NAME

Mary V. McGillicuddy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

4 Paine Street

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence 55 years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATE

not enter
more than one
cause for each
(b) and (c)

is does not mean
of dying, such
failure, ashenia,
means the disease,
lications which
each.

rbid conditions,
iving rise to the
use (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

February 2, 1953.

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

October 16, 1952, to February 2, 1953

I last saw him alive on February 2, 1953, death is said to

have occurred on the date stated above, at 11:06 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Metastatic Carcinoma

Abdominal

INTERVAL BE-
TWEEN ONSET
AND DEATH

9+ mo.

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Metastatic Adenocarcinoma

Of operations: Dec. 3, 1952. Was autopsy performed? No

What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorothy Cheney Appleton, M. D.
(Address) 197 Woodside Ave. Date Feb. 3, 1953

6 St. Paul's Arlington
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 5, 1953

7 NAME OF
FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed. FEB 5 1953

19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

9 COLOR OR RACE White

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years..... Months..... Days If under 24 hours
Hours..... Minutes

13 Usual Occupation: Retired Supervisor
(Kind of work done during most of working life)

14 Industry or Business: Court House

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Daniel E. McGillicuddy

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Catherine Conley

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant Annie McGillicuddy
(Address) 4 Paine Street

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Parker
(Signature of Agent of Board of Health or other)

Health Officer 9. K. 53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (including poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Winthrop
(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 21

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Convalescent Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sophia Georgianna Bennett (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 369 Shirley Street St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 4. days. In place of residence 65 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 3 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1953, to Feb. 3, 1953.

I last saw her alive on Feb. 3, 1953, death is said to have occurred on the date stated above, at 1145 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia about 3 days

ANTECEDENT CAUSES Due To Cerebral Hemorrhage

OTHER SIGNIFICANT CONDITIONS arteriosclerosis 10 years

Major findings: No operation
Date of operation: Was autopsy performed? NO
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify: Syphilis, infectious, M.D.
(Signed) Winthrop, Mass. Date Feb. 4, 1953

6 Cremation Woodlawn Cem. Everett, Mass. (City or Town)

DATE OF BURIAL Feb 6 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed Feb 6 1953

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED, WIDOWED, or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William Blackstone Bennett (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 3 Months 7 Days If under 24 hours Hours. Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. none

16 BIRTHPLACE (City) Santiago (State or country) Chile, So. America

17 NAME OF FATHER George Hayden

18 BIRTHPLACE OF FATHER (City) Fitzwilliam (State or country) New Hampshire

19 MAIDEN NAME OF MOTHER unable to obtain

20 BIRTHPLACE OF MOTHER (City) So. America (State or country)

21 Informant Mrs. Seth Newton Manning (Address) 244 Pequog Ave, Athol, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with the BEFORE the burial or transfer permit was issued:

Walter S. Baker (Signature of Agent of Board of Health or other Health Officer)

8/6/53 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or place of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

FEB-6

PM



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. 591 Morton



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1088 22

(If death occurred in a hospital or institution. St. (give its NAME instead of street and number)

2 FULL NAME FRANCIS X DOLAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 27 Gayland St. Dorchester
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 3 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 2/1 19 to 2/3 1953

I last saw him alive on 2/2 1953, death is said to

have occurred on the date stated above, at 2:00a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)cancer of the
left diaphragmatic
pleura & metastases
to liverINTERVAL BE-
TWEEN ONSET
AND DEATH

-6 mos. plus

ANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B Hunt

(Address) 591 Morton St Date 2/3 1953

6 Winthrop Cem. Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb 6 1953

7 NAME OF FUNERAL DIRECTOR J J Good & Sons

ADDRESS Roxbury

Received and filed Feb 2 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE MARRIED WIDOWED OR DIVORCED "Married"

10a If married, widowed, or divorced HUSBAND of Margaret O'Brien

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Chemist
(Kind of work done during most of working life)

14 Industry or Business: Boston Health Dept.

15 Social Security No.

16 BIRTHPLACE (City) Cambridge, Mass.
(State or country)

17 NAME OF FATHER Thomas Dolan

18 BIRTHPLACE OF FATHER (City) Cambridge
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth McDonald

20 BIRTHPLACE OF MOTHER (City) Cambridge, Mass.
(State or country)21 Informant Wife
(Address)

A TRUE COPY

ATTEST: Charles J. Macdonald
(Registrar of City or Town where death occurred)

DATE FILED Feb 5 19 53

DATE OF ENTERING MILITARY SERVICE - 9/27/18

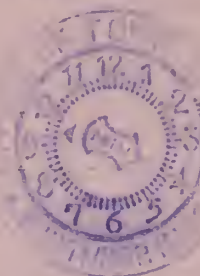
DATE OF DISCHARGE 11/29/18

RANK, RATING - Naval Aviation

ORGANIZATION & OUTFIT - Dist Detail Office Boston N T Charleston, N C

SERVICE NUMBER 95844

RECEIVED



MAR 2

AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Mass. Gen. Hosp.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

1251 23

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alice Fullerton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No.

Corinha Beach

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....7.....days. In place of residence.....21.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month)

Feb. 5/53

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan. 29

19 53

to

Feb. 5

19 53

I last saw her alive on.....Feb. 5, 19 53, death is said to

have occurred on the date stated above, at.....6:30P.....m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a)

Acute myocardial

infarction

ANTE CEDENT CAUSES

Due To (c)

Coronary arterio sclerosis

OTHER SIGNIFICANT CONDITIONS

Hypertension

Major findings: Of operations.....

None

Date of operation.....

Was autopsy performed? No

What test confirmed diagnosis?.....

E. K. G. Lab. and clinical

5 Was disease or injury in any way related to occupation of deceased?.....No

If so, specify.....

(Signed)

J. E. Fuchs

M. D.

(Address)

Boston Mass.

Date 2-5

19 53

6 Place of Burial or Cremation.....

Cremation Woodlawn Everett Mass.

DATE OF BURIAL

Feb. 9/53

19

7 NAME OF FUNERAL DIRECTOR

A B Marsh

ADDRESS

Winthrop Mass.

Received and filed.....

MAR 9

1953

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

Charles H Fullerton

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

58

Years

4

Months

17

Days

If under 24 hours

Hours

Minutes

13 Usual Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry or Business:

Own Home

15 Social Security No.....

None

16 BIRTHPLACE (City) (State or country)

Everett Mass.

17 NAME OF FATHER

Peter Hanson

18 BIRTHPLACE OF FATHER (City) (State or country)

England

19 MAIDEN NAME OF MOTHER

Mary Wagner

20 BIRTHPLACE OF MOTHER (City) (State or country)

Boston Mass.

21

Informant (Address)

Douglas Fullerton

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Feb/10/53

DATE FILED

19

RECEIVED



MAR-9 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-90/5807

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

Peter Bent Brigham Hospt.

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1253 21

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara Mitchell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 56 Crystal Cove Ave.
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 6 days. In place of residence years 1 months 10 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 7/53
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1953 to Feb. 7, 1953.

I last saw her alive on Feb. 7, 1953, death is said to have occurred on the date stated above, at 10:04 PM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Brain tumor

glioblastoma multiforme 6 Months

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Broncho pneumonia bilateral Term.

Major findings: Craniotomy and biopsy
Of operations

Date of operation 2-7-53 Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) V M Cass M D 53
(Address) Peter Bent Brigham Hospt 2-8-53

6 Place of Burial or Cremation Owens Chapel Cem-Graves Co. (City or Town) Kentucky

DATE OF BURIAL Feb. 12/53 19

7 NAME OF FUNERAL DIRECTOR A B Marsh
ADDRESS Winthrop Mass.

Received and filed MAR 9 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED Divorced or DIVORCED

10a If married, widowed, or divorced HUSBAND of Eutra Thompson
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 9 Months 0 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Graves Kentucky
(State or country) County

17 NAME OF FATHER Dixon Burchard

18 BIRTHPLACE OF FATHER (City) Graves Co. Kentucky
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Carney

20 BIRTHPLACE OF MOTHER (City) Graves County Kentucky
(State or country)

Informant (Address) Mr R Mitchell

A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Feb. 10/53 19

Returned To Boston

Came back the same



MAR-9 AM

PLACE OF DEATH

1

Suffolk
Winthrop
 (City or Town)



The Commonwealth of Massachusetts
 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 25

No. *39 Grover Ave.* MAYFLOWER NURSING HOME (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Henry O'Hara*
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
 (Was deceased a U. S. War Veteran, if so specify WAR) *No*

(a) Residence. No. *P22 Saratoga, East Boston* (If nonresident, give city or town and State)

Length of stay: In place of death *4* years *4* months *1* days. In place of residence *1* years *6* months *1* days.

INSTRUCTIONS
 FOR
 CERTIFICATE

giving
 OF DEATH

not enter
 than one
 for each
 (b) and (c)

does not mean
 of dying, such
 failure, asthenia,
 trans the disease,
 ulations which
 ath.

oid conditions,
 wing rise to the
 use (a) stating
 rlying cause

itions contrib-
 e death but not
 the disease or
 causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *February 9 1953*
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb 8 1953 to *Feb 9 1953*

I last saw him alive on *Feb 9 1953* death is said to
 have occurred on the date stated above, at *7:25 P. M.*

DISEASE OR CONDITION
 DIRECTLY LEADING
 TO DEATH (a) *Coronary occlusion*

INTERVAL
 BETWEEN
 ONSET
 AND DEATH
30 min

ANTE CEDENT CAUSES
 Due To (b) *Coronary sclerosis* *5 yrs*

Due To (c) *Generalized arteriosclerosis* *20 yrs*

OTHER
 SIGNIFICANT
 CONDITIONS

Major findings:
 Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify.....

(Signed) *George H. Perry* M. D.
 (Address) *53 Seaton St. Winthrop 4 1953*

6 *Holy Cross* *Malden*
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Feb 12 1953*

7 NAME OF FUNERAL DIRECTOR *Charles H. Treavor*
 ADDRESS *East Boston*

Received and filed *FEB 12 1953* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *M.* 9 COLOR OR RACE *W.* 10 SINGLE (write the word)
 MARRIED WIDOWED or DIVORCED *Widowed*

10a If married, widowed, or divorced
 HUSBAND of *Mary E. Mc Coy*
 (City, maiden name or wife in full)

(or) WIFE of.....
 (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *70* Years..... Months..... Days If under 24 hours
 Hours..... Minutes

13 Usual Occupation: *Watchman*
 (Kind of work done during most of working life)

14 Industry or Business: *Cotton Mill*

15 Social Security No. *Unknown*

16 BIRTHPLACE (City) (State or country) *Ireland*

17 NAME OF FATHER *John O'Hara*

18 BIRTHPLACE OF FATHER (City) (State or country) *Ireland*

19 MAIDEN NAME OF MOTHER *Unknown*

20 BIRTHPLACE OF MOTHER (City) (State or country) *Unknown*

21 Informant (Address) *Mary Grenier P22 Saratoga St. E. Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
 (Signature of Agent of Board of Health or other)

Health Officer *2/11-53*
 (Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

DUCTIONS
FOR
CERTIFICATEiving
OF DEATHot enter
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(a) stating
ying causeions contrib-
death but not
ne disease or
causing death.

50M-2-19-25666

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 17 Hillside Ave.

2 FULL NAME

Nellie S (Hyde) Spinney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

17 Hillside Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 12 years months days. In place of residence 25 years months days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit
with Board of Health
or its Agent.

26

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

2

10

53

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb 9, 1953, to Feb 10, 1953

I last saw her alive on Feb 10, 1953 death is said to

have occurred on the date stated above, at 4:05 A.M.

INTERVAL
BETWEEN
ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

ANTE
CEDENT
CAUSES

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Feb. 12

1953

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

FEB 11 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Female White

MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frederick Spinney

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

82

Years

9

Months

25

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No. None

16 BIRTHPLACE (City)

Fairhaven

(State or country)

Mass.

17 NAME OF
FATHER

Charles Hyde

18 BIRTHPLACE OF

FATHER (City)

Unable to obtain

(State or country)

19 MAIDEN NAME

OF MOTHER

Betsy Nichols

20 BIRTHPLACE OF

MOTHER (City)

South Dartmouth

(State or country)

Mass.

21

Informant

(Address)

Helene Erwin

17 Hillside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Official Designation)

(Date of Issue of Permit)

Walter E. Baker
H.O. Baker
2/11/53

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B) 11-51-905807

PLACE OF DEATH
1Suffolk
(County)Boston
(City or Town)

No. Mass. Memorial Hosp.

2 FULL NAME Mary Villani
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 7 Seafoam Ave.
(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 12/53
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 12, 19 53, to Feb. 12, 19 53
I last saw h. or alive on Feb. 12, 19 53 death is said to
have occurred on the date stated above, at 7:55 PM m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) SepticemiaINTERVAL BE-
TWEEN ONSET
AND DEATH

2 Days

ANTE DUE TO Hemorrhagic cystitis 3 Days
CEDENT (b)Due To
(c)OTHER SIGNIFICANT
CONDITIONS Broncho pneumoniaMajor findings:
Of operations None

Date of operation Was autopsy performed? No

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify P D Bonnet M. D.

(Signed) Boston Mass. Date 2-13 19 53

6 Place of Burial or Cremation Holy Cross-Malden Mass.
(City or Town)

DATE OF BURIAL Feb. 16/53 19

7 NAME OF FUNERAL DIRECTOR R C Kirby
ADDRESS East Boston Mass.

Received and filed MAR 9 1953 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1118 27

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Winthrop Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED WIDOWED Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Ernest Villani
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 41 Years 11 Months 27 Days If under 24 hours
Hours Minutes13 Usual Occupation Waitress
(Kind of work done during most of working life)

14 Industry or Business Restaurants

15 Social Security No. 031-01-6969

16 BIRTHPLACE (City) Port Malcolm N.S.
(State or country)

17 NAME OF FATHER James R King

18 BIRTHPLACE OF FATHER (City) Port Malcolm N.S.
(State or country)

19 MAIDEN NAME OF MOTHER Annie L McLean

20 BIRTHPLACE OF MOTHER (City) Port Hawksburg N.S.
(State or country)21 Informant Mrs A L King Mother
(Address)

A TRUE COPY

ATTEST: Charles H. Thacker
(Registrar of City or Town where death occurred)

DATE FILED Feb. 16/53 19

RECEIVED



MAR-9 14

10-11-14

12-11-14
10-11-14
12-11-14

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
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d conditions,
ing rise to the
e (a) stating
lying cause

tions contrib-
death but not
he disease or
causing death.

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 28

To be filed for burial permit
with Board of Health
or its Agent.No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Attilio Uguccionei

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 196 Gladstone St. E.B.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 13 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 20 1953 to Feb 13 1953
last saw him alive on Feb 13 1953, death is said to

have occurred on the date stated above, at 353 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)peritonitis
DIVERTICULITISANTECEDENT (b) Due To Acute diverticulitis - a
CAUSES abnormal - rupturedDue To
(c)

ANUSIA

OTHER SIGNIFICANT
CONDITIONS anemia - last 24 hr.
diarrhea

Major findings: Perforated abdominal diverticulum signed

Date of operation Feb 4/53 Was autopsy performed? no

What test confirmed diagnosis? Laboratory Test

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Thomas Staffer

(Address) 273 Need St. Date Feb 15 1953

6 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 16, 1953

7 NAME OF FUNERAL DIRECTOR William E. Pepi

ADDRESS 971 Saratoga St. E.B.

Received and filed FEB 16 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Marcella (Guiliano)
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Ruhl. Laborer
(Kind of work done during most of working life)14 Industry
or Business

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER (Unknown) Uguccionei

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Maria (Pollato)

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Wife
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 2/16/53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(C)-11-49-900,475

PLACE OF DEATH
1

Plymouth
(County)

Plymouth
(City or Town)

No. Cliff



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Plymouth
(City or town making return)
Registered No. 29

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME David Noel Brewer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR) no

(a) Residence. No. 7 Faun Bar Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence years 7 months 22 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 14, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Death by aspiration of
vomit

5 Accident, suicide, or homicide (specify) Accidental
Date and hour of injury Feb. 14 1953 8:00 p.m.

Where did
Injury occur? Cliff St., Plymouth, Mass.
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place? Home
(Specify type of place)

Manner of
Injury Aspiration of vomitus
(How did injury occur?)

Nature of
Injury Suffocation

While at work? no Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Walter E. Deacon, M. D.

(Address) Date 19

7 Chiltonville Plymouth
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL February 17 1953

8 NAME OF
FUNERAL DIRECTOR Roy E. Beaman
ADDRESS Plymouth, Mass.

Received and filed MAR 5 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

11a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 0 Years 7 Months 23 Days If under 24 hours
Hours Minutes

14 Usual Occupation: none
(Kind of work done during most of working life)

15 Industry
or Business:

16 Social Security No. none

17 BIRTHPLACE (City) Winthrop,
(State or country) Mass.

18 NAME OF FATHER David L. Brewer

19 BIRTHPLACE OF FATHER (City) Plymouth
(State or country) Mass.

20 MAIDEN NAME OF MOTHER Dorothy E. Nowell

21 BIRTHPLACE OF MOTHER (City) Brighton
(State or country) Mass.

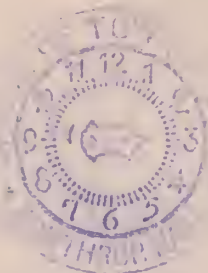
22 Informant Mr. David L. Brewer
(Address) 7 Faun Bar Ave., Winthrop

A TRUE COPY Hubert J. Deacon

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED February 17 1953

RECEIVED



MAR-5 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
paralysis, asphyxia,
etc., but means
the disease,
conditions which
lead to death.under conditions,
giving rise to the
disease (a) stating
the primary causeconditions contrib-
ute to death but not
the disease or
causing death.

BOM-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

30

Registered No.

PLACE OF DEATH

1

No. 10 Noble St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mary J. Lacey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) None(a) Residence. No. 10 Noble St. E. Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 14 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 48 to Feb 14, 1953I last saw her alive on Feb 13, 1953, death is said tohave occurred on the date stated above, at 2:09 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) UremiaINTERVAL BE-
TWEEN ONSET
AND DEATH48 hrsANTECEDENT CAUSES
Due To (b) arterio-sclerotic
kidney diseaseDue To (c) hypertension
essentialOTHER SIGNIFICANT CONDITIONS
chronic renal disease
heart disease-obesity

Major findings:

Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frederick J. Maguire M. D.(Address) 28 H Street, E. Boston Date 2-14, 19536 Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb 17, 19537 NAME OF FUNERAL DIRECTOR Frederick J. MaguireADDRESS 28 H Street, E. Boston

Received and filed.....19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of Patricia A. Lacey (Give maiden name in full)(or) WIFE of Patricia A. Lacey
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation Housework
(Kind of work done during most of working life)14 Industry or Business Own home

15 Social Security No.

16 BIRTHPLACE (City) Provincetown
(State or country) Mass.17 NAME OF FATHER Joseph Johns18 BIRTHPLACE OF FATHER (City) Bon Orlans
(State or country) Portugal19 MAIDEN NAME OF MOTHER Mary J. Lacey20 BIRTHPLACE OF MOTHER (City) Luz Islands
(State or country) Portugal21 Informant (Address) Ethel Lacey
10 Noble St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) 2-16-53
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

ENTRIES

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH

1

Suffolk
(County)Wentworth
(City or Town)

No.

Mayflower Rest Home, Kenilworth

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ann Mary Cowen (Silva)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No.

32

(a) Residence. No.

(Usual place of abode)

24 Elder Rd

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Feb. 18 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec 15 1952 to Feb 18 1953

I last saw her alive on Feb 18 1953 death is said to

have occurred on the date stated above, at 8 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Carcinoma
of Liver & Large bowelINTERVAL
BETWEEN ONSET
AND DEATH
Est. 6 mosANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operationsCarcinoma of Colon
Oct. 1952

Date of operation: Was autopsy performed?

What test confirmed diagnosis?

Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

DATE OF BURIAL

Feb 21 1953

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Maurice W. Kirby
210 Wentworth St. Wentworth

Received and filed

FEB 20 1953

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George C. Cowen
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 54 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Home

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)none
East Boston
Mass17 NAME OF
FATHER

Anthony Silva

18 BIRTHPLACE OF

FATHER (City)

(State or country)

East Boston
Mass

19 MAIDEN NAME

OF MOTHER

Sarah Lee

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant

(Address)

George Cowen
24 Elder Rd WentworthI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

2.20.53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . Gen. Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

33

No. 426 Revere Street

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Annie S (Brodrick) Latter

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 426 Revere Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 40 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 18 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 1951 to Feb. 18 1953.

I last saw her alive on Feb. 18 1953 death is said to have occurred on the date stated above, at 10:45 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Cancer of Breast

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 yrs.

ANTE CEDENT CAUSES
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS Colostomy, for cancer 20 yrs of bowels

Major findings: Cause of Breast

Date of operation March 1949. Was autopsy performed? No.

What test confirmed diagnosis? Pathological exam.

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Charles L. Baker M. D.
(Address) 238 Shore Drive Winthrop Date 2/18/19536 Woodlaw Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 21 1953

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS

Received and filed FEB 20 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow10a If married, widowed, or divorced
HUSBAND of. (Give maiden name of wife in full)(or) WIFE of James A Latter
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 10 Months 16 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City)
(State or country) New Brunswick

17 NAME OF FATHER Robert M. Brodrick

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia
Canada

19 MAIDEN NAME OF MOTHER Margaret C. Emery

20 BIRTHPLACE OF MOTHER (City)
(State or country) New Brunswick
Canada21 Informant: H Mildred Latter
(Address) 426 Revere St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other
Official Designation) 2/20/53
(Date of Issue of Permit)

PLACE OF DEATH

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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for each
(b) and (c)does not mean
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h.d conditions,
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(a) stating
lying causeions contrib-
death but not
e disease or
causing death.

50M (B)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

50m-(c)-10-48-24658

PLACE OF DEATH

Middlesex
(County)Malden
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHMalden
(City or town making return)

Registered No.

34

No. Malden Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Lsther L. West (Walker)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 72 Grandview Ave.
(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 58 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 22, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 16, 1953, to Feb. 22, 1953
I last saw her alive on Feb. 22, 1953, death is said to
have occurred on the date stated above, at 11:15 A.M.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Uremia

6 days

ANTE CEDENT CAUSES Due To Chronic/azotemic
(b) nephritisDue To Chr. Hypertensive
(c) Cardio-vascular renal disease ?OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify Sidney J. Solomon
(Signed) 360 Main St. Lve. Date 2/27, 1953 M. D.6 Puritan Lawn Mem. Park, Peabody
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 25, 1953

7 NAME OF FUNERAL DIRECTOR J.E. Henderson Co.
ADDRESS 517 Broadway, Everett

Received and filed MAR 1 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Ernest W. West
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 10 Months 17 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: t Home

15 Social Security No. 029-09-3501

16 BIRTHPLACE (City) Everett, Mass.
(State or country)

17 NAME OF FATHER Willis C. Walker

18 BIRTHPLACE OF FATHER (City) Garland,
(State or country) Maine

19 MAIDEN NAME OF MOTHER Addie M. Pike

20 BIRTHPLACE OF MOTHER (City) (Un. Ob.)
(State or country) Maine21 Informant Ernest W. West
(Address) 72 Grandview Ave., Winthrop

A TRUE COPY

ATTEST: Raymond P. Mooney
(Registrar of City or Town where death occurred)

DATE FILED March 2, 1953

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(e)-10-48-24658

PLACE OF DEATH

Middlesex
(County)

Malden
(City or Town)

No. Malden Hospital

2 FULL NAME Esther A. West (Walker)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 72 Grandview Ave. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 3 days. In place of residence..... years..... months..... 58 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 22, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 16, 1953, to Feb. 22, 1953.
I last saw her alive on Feb. 22, 1953, death is said to
have occurred on the date stated above, at 11:15 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Uremia 6 days

ANTE CEDENT CAUSES Due To Chronic/azotemie nephritis 1 yr.

Due To Chr. Hypertensive Cardio-vascular renal disease ?

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify Sidney J. Solomon
(Signed) 360 Main St. Eve. Date 2/27 19 53
(Address)

6 Puritan Lawn Mem. Park, Peabody
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 25, 19 53

7 NAME OF FUNERAL DIRECTOR J.E. Henderson Co.
ADDRESS 517 Broadway, Everett

Received and filed MAR 10 1953

(Registrar of City or Town where deceased resided)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF DEATH

Malden
(City or town making return)

Registered No. 34

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

Winthrop, Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Ernest W. West (or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 10 Months 17 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: t Home

15 Social Security No. 029-09-3501

16 BIRTHPLACE (City) Everett, Mass. (State or country)

17 NAME OF FATHER Willis J. Walker

18 BIRTHPLACE OF FATHER (City) Garland, Maine (State or country)

19 MAIDEN NAME OF MOTHER Addie M. Pike

20 BIRTHPLACE OF MOTHER (City) (Un.Ob.) Maine (State or country)

21 Informant Ernest W. West (Address) 72 Grandview Ave., Winthrop

A TRUE COPY

ATTEST: Raymond J. Mooney (Registrar of City or Town where death occurred)

DATE FILED March 2, 19 53

RECEIVED



MAR-9 PM

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

Do not enter
more than one
cause for each
(a), (b) and (c)

These conditions
do not mean
of dying, such
as failure, ashenia,
means the disease,
indications which
lead to death.

Under these conditions,
giving rise to the
cause (a) stating
underlying cause

Under these conditions contrib-
uting to the death but not
causing death.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 270 Winthrop Street

2 FULL NAME William Oliver Wood
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 270 Winthrop Street
(Usual place of abode)

Length of stay: In place of death 60 years 6 months days. In place of residence 60 years 6 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 22 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw him alive on 19 death is said to
have occurred on the date stated above, at 5:30 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural causes

ANTECEDENT
CAUSES (b) Presumably

Due To (c) Coronary
Occlusion

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations none

Date of operation Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Arthur C. Marsh
(Signed) (Address) Winthrop Board of Health M. D.
(Address) Winthrop Date 23 Feb 1953

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 25 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 24 1953

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 35

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
OR DIVORCED OR DIVORCED

10a If married, widowed, or divorced
HUSBAND Melissa Judith Wood
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 3 Months 9 Days If under 24 hours
Hours Minutes

13 Usual Occupation Retired attendance officer
(Kind of work done during most of working life)

14 Industry or Business Winthrop School Dept.

15 Social Security No. none

16 BIRTHPLACE (City) Tryon
(State or country) Prince Edward Island

17 NAME OF FATHER Henry Wood

18 BIRTHPLACE OF FATHER (City) Tryon
(State or country) Prince Edward Island

19 MAIDEN NAME OF MOTHER Unis Simmons

20 BIRTHPLACE OF MOTHER (City) Tryon
(State or country) Prince Edward Island

21 Informant Mrs. Preston L. Chase
(Address) 170 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/24/53
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
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titure, asthenia,
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ath.ditions contrib-
e death but not
the disease or
causing death.

50M-10-52-90809 1

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No. 142 Pleasant St.

2 FULL NAME. Luisa Caporale

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 9 Ambrose St.

(Usual place of abode)

St. Revere, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 6..... days. In place of residence 48 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 23 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 1950 to Feb. 23 1953

I last saw her alive on Feb. 23 1953 death is said to

have occurred on the date stated above, at 6:55 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Diabetes Mellitus

arteriosclerotic heart. 7 yrs

ANTECEDENT CAUSES

Due To (b) arteriosclerosis 6 yrs

Due To (c) Impaired circulation 6 Mos.

OTHER SIGNIFICANT CONDITIONS

Cardiac failure 1 day

Major findings:

Of operations.....

Date of operation.....

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Caporale M. D.
(Address) 942 1/2 Main St. Quincy, Mass. Date Feb 25 19536 Mt. Wollaston Cem. Quincy
(City or Town)

DATE OF BURIAL February 26, 1953

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS 128 Revere St. Revere

Received and filed FEB 25 1953

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 36

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Frank Caporale
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years - Months - Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) State or country Italy

17 NAME OF FATHER Ciriaco Carifio

18 BIRTHPLACE OF FATHER (City) State or country Italy

19 MAIDEN NAME OF MOTHER Cannot Be Learned

20 BIRTHPLACE OF MOTHER (City) State or country Italy

21 Informant Anthony Caporale
(Address) 9 Ambrose St. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer)

(Official Designation)

(Date of Issue of Permit) Feb. 25 1953

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEDo not enter
more than one
cause for each
(b) and (c)Does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
path.Under conditions,
giving rise to the
use (a) stating
underlying causeConditions contrib-
ute to the death but not
the disease or
causing death.

100M-(D)-10-48-24656

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death 36 years months days. In place of residence 36 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 23 1953
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 17 1950 to February 23 1953

I last saw her alive on February 23 1953 death is said to

have occurred on the date stated above, at 6 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral

Hemorrhage

ANTECEDENT CAUSES

Due To Acute Coronary

(b) Thrombosis

Due To Uremia

(c)

OTHER SIGNIFICANT CONDITIONS

Generalized

Arteriosclerosis

Major findings:

Of operations none

Date of operation — Was autopsy performed? No

What test confirmed diagnosis clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob J. Abrams M.D.

(Address) 1552 Shirley St Date 2/26/53

6 Place of Burial or Cremation

(City or Town) Waltham

DATE OF BURIAL Feb 27 1953

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS Waltham

Received and filed FEB 28 1953

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 37

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation home
(Kind of work done during most of working life)

14 Industry or Business

15 Social Security No. None

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER John F. Thompson

18 BIRTHPLACE OF FATHER (City) Sweden
(State or country)

19 MAIDEN NAME OF MOTHER Sarah (Unknown)

20 BIRTHPLACE OF MOTHER Boston
(State or country) Mass21 Informant Joseph Coffey
(Address) 22 Elm St WalthamI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)Health Officer 2.26.53
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also, deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 104 Highland Ave. (Mount's Convalescent Home)

2 FULL NAME George E Kinnear
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 104 Highland Ave.
(Usual place of abode)

Length of stay: In place of death 2 years 6 months days. In place of residence 2 years 6 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 26 19 53
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
any 19 50 to Feb 25 19 53

I last saw him alive on Feb 25 19 53 death is said to
have occurred on the date stated above, at 1:50 P.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) cerebrovascular
accident

ANTE Due To cedent (b) cardiac sclerosis
CAUSES and C.V.A.

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: -
Of operations: -
Date of operation: - Was autopsy performed? NO
What test confirmed diagnosis? -

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify: -
(Signed) 147 Shuley St M. D.
(Address) Winthrop Mass Date Feb 27 19 53

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 2 19 53

7 NAME OF FUNERAL DIRECTOR Howard S Rymalski
ADDRESS Winthrop Mass

Received and filed. MAR 3 1953 19

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 38

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed or divorced
HUSBAND of Essie Parker
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 8 Months 24 Days
If under 24 hours
Hours Minutes

13 Usual Occupation: Truckman
(Kind of work done during most of working life)

14 Industry or Business: Lumber

15 Social Security No. None

16 BIRTHPLACE (City) New Brunswick
(State or country)

17 NAME OF FATHER William Kinnear

18 BIRTHPLACE OF FATHER (City) New Brunswick
(State or country)

19 MAIDEN NAME OF MOTHER Lavina Tait

20 BIRTHPLACE OF MOTHER (City) New Brunswick
(State or country)

21 Informant Pauline Baker
(Address) 55 Edgenhill Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
Signature of Agent of Board of Health or other
Health Officer (Date of Issue of Permit) 5.1.53

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MAR 3

AM



RECEIVED

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900,475

1 PLACE OF DEATH

Middlesex
(County)

Tewksbury, Mass.
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

TEWKSBURY STATE HOSPITAL
AND INFIRMARY

(City or town making return)

Registered No. 39-39

No. TEWKSBURY STATE HOSPITAL and INFIRMARY (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dennis Flynn (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 86 Summit Street Apt. 1 Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 11 years 7 months 28 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 10 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 12, 1941, to Feb. 10, 1953. I last saw him alive on Feb. 10, 1953, death is said to have occurred on the date stated above, at 8 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Terminal Bronchopneumonia

ANTE CEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Nils E. Sybergson M. D. (Address) T. S. H. and I. Tewksbury Date 2-10-1953

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed APR 8 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Sep.

10a If married, widowed, or divorced HUSBAND of Sarah E. Seaman (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 abt. AGE 72 Years 2 Months 25 Days If under 24 hours Hours Minutes

13 Usual Occupation: News Paper Man (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. None BIRTHPLACE (City) Boston (State or country) Massachusetts

17 NAME OF FATHER Thomas F. Flynn

18 BIRTHPLACE OF FATHER (City) Boston, (State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Ellen Condon

20 BIRTHPLACE OF MOTHER (City) not learned (State or country) not learned

21 Informant: Hospital Records (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED February 10, 1953

APR-8 11



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Middlesex
(County)Everett
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

EVERETT

(City or town making return)

Registered No. 40

No. Whidden Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie Fisher (Dreben)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.
(Usual place of abode)

100 Grovers Ave.

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 14, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
1-4 53 to 2-14 53

I last saw h. on 2-13 53 death is said to

have occurred on the date stated above, at 5 a. m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Hypertensive Ht. Dis. 2 yrs

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER CONDITIONS Diabetes Mellitus 2 yrs

Major findings:
Of operations.

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Benjamin Barton 2-14 M. D.
(Address) Everett Date 19 53

6 Agudas Sholom Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL 2-15 1953

7 NAME OF FUNERAL DIRECTOR Hyman J. Torf
ADDRESS Chelsea

Received and filed. MAR 23 1953 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 1 9 COLOR OR RACE Wht 10 SINGLE MARRIED WIDOWED OR DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of

(or) WIFE of John Fisher (Give maiden name of wife in full)

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. Cambridge

16 BIRTHPLACE (City) Mass.
(State or country)

17 NAME OF FATHER Michael Dreben

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Rachael CANNOT BE ASCERTAINED

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Harry Dreben
(Address) Chelsea

A TRUE COPY

ATTEST: John M. Torf
(Registrar of City or Town where death occurred)

DATE FILED 2-17- 1953

RECEIVED



MAR 23 / 83 14

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-10-48-24658

PLACE OF DEATH

1

Essex

(County)

Danvers

(City or Town)

No.

Danvers State Hospital

Mary Downing

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

15 Prescott

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 18 years 1 months 29 days. In place of residence 40 years months days.

The Commonwealth of Massachusetts



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

41

{ If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (Was deceased a U. S. War Veteran, if so specify WAR)

Winthrop

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 15, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

1 Arteriosclerotic heart disease.

2. Bronchopneumonia

3. Fracture l. hip.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury Dec. 12, 1952

Where did injury occur? Danvers State

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Hospital

(Specify type of place)

Manner of injury pushed by another patient

(How did injury occur?)

Nature of injury Fract. l. Hip

While at work? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph P. McCarthy M. D.

(Address) Peabody, Mass. Date 2/15/53

7 Holy Cross Cemetery Malden

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL February 17, 1953

8 NAME OF FUNERAL DIRECTOR Charles H. Treanor

East Boston, Mass.

ADDRESS

Received and filed MAR 1 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 68 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Housework (Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No.

17 BIRTHPLACE (City) (State or country) Ireland

18 NAME OF FATHER John Downing

19 BIRTHPLACE OF FATHER (City) (State or country) Ireland

20 MAIDEN NAME OF MOTHER Elizabeth Shinnick

21 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

22 Informant Mrs. Daniel Murphy (Address) 15 Prescott St. Winthrop

A TRUE COPY Arthur W. Gay

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED February 18, 1953

RECEIVED



MAR 11 1914

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

Suffolk

(County)

Cholsea

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Cholsea

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 101 42

No. U. S. Naval Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Darlene S. Lovett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 23 Ocean Ave.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 15, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 10, 1953, to Feb. 15, 1953.I last saw her alive on Feb. 14, 1953, death is said to
have occurred on the date stated above, at 6:05p. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BronchopneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH

7 das.

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Goldblatt

(Address) 2301 Cholsea

Date 8/15/53 M. D.

6 Winthrop Cem., Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 17, 1953

7 NAME OF FUNERAL DIRECTOR Kirby Bros. Fun. Home

ADDRESS 210 Winthrop St. Winthrop

Received and filed. MAR 24 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years 1 Months 5 Days If under 24 hours
Hours.....Minutes13 Usual Occupation.....
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Cholsea, Mass.
(State or country)

17 NAME OF FATHER James R.

18 BIRTHPLACE OF FATHER (City) Dubuque, Iowa
(State or country)

19 MAIDEN NAME OF MOTHER Faith P. Baker

20 BIRTHPLACE OF MOTHER (City) Waterloo, Iowa
(State or country)21 Informant James R. Lovett
(Address) 23 Ocean Ave. Winthrop, Mass.

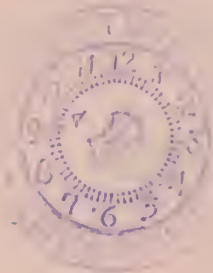
A TRUE COPY.

ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

Feb. 17, 1953

DATE FILED.....19

RECEIVED



MAR 24 1911

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M. (B) 11-51-90/5807

PLACE OF DEATH

1

Suffolk
(County)

Boston
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1628 43

No. The Children's Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theresa August
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 208 Cliff Ave. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 9 years 5 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb/16/53
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb/15 19 53 to Feb/16 19 53
I last saw him alive on Feb/16 19 53 death is said to have occurred on the date stated above, at 6:05A

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Interstitial pneumonitis

INTERVAL BETWEEN ONSET AND DEATH

3 Days

ANTE Due To CEDENT (b) CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS Membranous enteritis

Major findings: Of operations

Date of operation Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Robert MacLean M. D. (Address) 300 Longwood Ave. 2-18-53

6 Place of Burial or Cremation Winthrop Cem Winthrop Mass. (City or Town)

DATE OF BURIAL Feb. 19/53 19

7 NAME OF FUNERAL DIRECTOR M W Kirby

ADDRESS Winthrop Mass.

Received and filed MAR 16 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 9 Years 5 Months Days If under 24 hours Hours Minutes

13 Usual Occupation: School (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass. (State or country)

17 NAME OF FATHER Alfred F August

18 BIRTHPLACE OF FATHER (City) Cambridge Mass. (State or country)

19 MAIDEN NAME OF MOTHER Gladys LaVoie

20 BIRTHPLACE OF MOTHER (City) Winthrop Mass. (State or country)

21 Informant: Father (Address)

A TRUE COPY

TEST: (Registrar of City or Town where death occurred) Feb. 20/53

DATE FILED 19

RECEIVED



MAR 10 1914

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

1627 44

No. New England Baptist Hospt.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Henry H Honeyer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 238 Woodside Ave.

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....7.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 18/53

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 11, 19 53, to Feb. 18, 19 53.

I last saw h. in alive on Feb. 17, 19 53 death is said to

have occurred on the date stated above, at 1:40A.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Carcinoma of esophagus

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 MOSAGE 74 Years 4 Months 17 Days

If under 24 hours
Hours MinutesANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT
CONDITIONS Pulmonary edema

Major findings: Carcinoma of esophagus

Of operations

Date of operation 2-14-53 Was autopsy performed? No

What test confirmed diagnosis? Biopsy and path. exam.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

C. D. Brannan

Date

2-18

19 53

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.

DATE OF BURIAL

Feb. 20/53

19

7 NAME OF FUNERAL DIRECTOR R C Kirby
ADDRESS East Boston Mass.

Received and filed MAR 16 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced Sarah E Connell
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 4 Months 17 Days

If under 24 hours
Hours Minutes

13 Usual Occupation: Proprietor

(Kind of work done during most of working life)

14 Industry or Business: Music Store

15 Social Security No. None

16 BIRTHPLACE (City) Jersey City New Jersey
(State or country)

17 NAME OF FATHER

Charles W Honeyer

18 BIRTHPLACE OF FATHER (City)

Germany

(State or country)

19 MAIDEN NAME OF MOTHER

Wilhelmina Maje

20 BIRTHPLACE OF MOTHER (City)

Germany

(State or country)

21

Informant (Address)

Mrs S E Honeyer Wife

A TRUE COPY

ATTEST

(Registrar of City or Town where death occurred)

DATE FILED

Feb. 20/53

19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M. (B) 11-51-905807

RECEIVED



MAR 16 1914

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1709

45

No. St. Elizabeth's Hospt. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas P Cox (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 207 Pleasant St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 19 days. In place of residence 24 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 19/53 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 1 19 53 to Feb. 19 53

I last saw him alive on Feb. 18 19 53, death is said to have occurred on the date stated above, at 10:30A.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Arterio sclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

Yrs

ANTECEDENT CAUSES (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Broncho pneumonia

Days

Major findings: Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? E. K. G.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

James Keegan

St. Elizabeth's Hospt

3-19-53 M. D.

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL Feb. 21/53 19

7 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass.

Received and filed MAR 16 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

10a If married, widowed, or divorced Absilda Cardin HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Manager (Kind of work done during most of working life)

14 Industry or Business: Restaurant

15 Social Security No. 025-09-7301

16 BIRTHPLACE (City) Boston Mass. (State or country)

17 NAME OF FATHER Thomas A Cox

18 BIRTHPLACE OF FATHER (City) Haverhill Mass. (State or country)

19 MAIDEN NAME OF MOTHER Rose A Kelley

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant R Cox (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Feb. 24/53 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



MAR 16 PM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

R-302

PLACE OF DEATH

SUFFOLK
COUNTY (County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1787 46

No. Mass General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ROBERT J. PROMISEL

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 5 Coral Ave.,
(Usual place of abode)

Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 20 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That we attended deceased from 1/19 19 to 2/20 1953

We last saw him alive on 2/20 1953 death is said to

have occurred on the date stated above, 9:35a.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) cerebral hemorrhage.
pulmonary edema

INTERVAL BETWEEN ONSET AND DEATH

5wks.
?

ANTECEDENT CAUSES Due To hyperarteriosclerotic ht. disease

Due To (c)

OTHER SIGNIFICANT CONDITIONS G. I. bleeding
duodenal ulcer

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Suyama

(Address) MCH

Date 2/20 19 53

6 David Vicur Choulm (Lebanon) W. Rox
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb 22 19 53

7 NAME OF FUNERAL DIRECTOR B Solomon

ADDRESS Brookline, Mass.

Received and filed MAR 16 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

M W MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Rachel Schwartz
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Grocer (ret).
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Bernard PromiseL

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Jennie - - -

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) A PromiseL

A TRUE COPY Charles H. Inackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Feb 25 19 53

RECEIVED



MAR 18 19

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 47

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 1010 Shirley

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

Gertrude M. Franceschi (F4)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

1010 Shirley

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 32 years months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMarch 1 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, that I attended deceased from

January 10 1951 to March 1 1953

I last saw her alive on March 1 1953 death is said to

have occurred on the date stated above, at 6 A.M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinoma
right breast

3 yrs

ANTE Due To

CEDENT (b)

CAUSES General
Carcinomatous

1 year

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSTerminal
Pneumonia (week)

Major findings:

Of operations: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis: clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob J. Chausy M.D.
(Address) 302 Shirley St. W. D.
Winthrop 3/2/53

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Mar 4 1953

7 NAME OF
FUNERAL DIRECTORMaurice W. Kelly
Winthrop

ADDRESS

Received and filed. MAR 4 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frank J. Franceschi
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

60

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Home

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Boston Mass

17 NAME OF

FATHER

Joseph F. F. F.

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Elizabeth Baker

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass

21 Informant

(Address)

Frank J. Franceschi
1010 Shirley St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walker J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3.4.53

100M-(D)-10-46-24655

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

{ SUFFOLK
(County)
BOSTON

(City or Town)

No. **Mass General Hospital**

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **2266 48**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **BETTY JANE ALU**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. **23 Woodside Ave.** St. **Winthrop, Mass.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **March 5 1953**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That **we** attended deceased from **1/30**, 19....., to **3/5**, 19**53**.I last saw **her** alive on **3/5**, 19**53**, death is said tohave occurred on the date stated above, at **9:15a.** m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) **Rickets of renal origin-congenital**INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES
Due To (b).....

Due To (c).....

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....Date of operation..... Was autopsy performed? **yes**What test confirmed diagnosis? **autopsy**

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify **C. Clay**(Signed) **MGH**(Address) **St. Michael's**Date **3/5**, 19**53**6 Place of Burial or Cremation **Mar 7** (City or Town) **Boston**DATE OF BURIAL **Mar 7**, 19**53**7 NAME OF FUNERAL DIRECTOR **DiPietro & Vazza**ADDRESS **East Boston**Received and filed **MAR 30 1953**, 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F** 9 COLOR OR RACE **W** 10 SINGLE (write the word)
MARRIED
WIDOWED
or **DIVORCED** **Single**10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years **6** Months.....Days..... If under 24 hours
..... Hours.....Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)14 Industry
or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) **Boston**
(State or country)17 NAME OF FATHER **Vincent M Alu** **Mass.**18 BIRTHPLACE OF FATHER (City) **Boston**
(State or country)19 MAIDEN NAME OF MOTHER **Mary A Marchiafava** **Mass.**20 BIRTHPLACE OF MOTHER (City) **Louisiana**
(State or country)21 Informant (Address) **V Alu**

A TRUE COPY

ATTEST:.....
(Registrar of City or Town where death occurred)DATE FILED **Mar 9**, 19**53**

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



MAR 30 PM

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M (R) 11-51-90/5807

PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

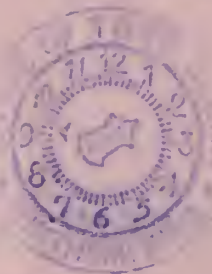
Boston
(City or town making return)
2250
Registered No.

No. Beth Israel Hospt.
St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Helen Jones
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 461 Pleasant St
(Usual place of abode)
St. Winthrop Mass.
(If nonresident, give city or town and State)
Length of stay: In place of death.....years.....months.....3 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH	
3 DATE OF DEATH	March 5/53 (Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from March 3 19 53 to March 5 19 53 I last saw her alive on March 5 19 53, death is said to have occurred on the date stated above, at 7:30P m.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Cerebral hemorrhage
ANTE CEDENT CAUSES	Due To Hypertension (b) Due To (c)
OTHER SIGNIFICANT CONDITIONS	
Major findings: Of operations	
Date of operation	Was autopsy performed? Yes
What test confirmed diagnosis? clinical and lab.	
5 Was disease or injury in any way related to occupation of deceased? No If so, specify W S Karlen (Signed) (Address) 330 Brookline Ave. 3-5 M 53 Seaside Cem-Chatham Mass.	
6 Place of Burial or Cremation (City or Town) March 9/53 DATE OF BURIAL	
7 NAME OF FUNERAL DIRECTOR A W Marsh ADDRESS Winthrop Mass.	
Received and filed APR 1953 (Registrar of City or Town where deceased resided)	

PERSONAL AND STATISTICAL PARTICULARS		
8 SEX F	9 COLOR OR RACE W	10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED
10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Albert W Jones (Husband's name in full)		
11 IF STILLBORN, enter that fact here.		
12 AGE 66 Years 9 Months 21 Days		If under 24 hours Hours Minutes
13 Usual Occupation: Housewife (Kind of work done during most of working life)		
14 Industry or Business: At Home		
15 Social Security No. None		
16 BIRTHPLACE (City) East Boston Mass. (State or country)		
PARENTS	17 NAME OF FATHER Samuel A Snow	
	18 BIRTHPLACE OF FATHER (City) Chatham Mass. (State or country)	
	19 MAIDEN NAME OF MOTHER Liney E Jones O.K.	
	20 BIRTHPLACE OF MOTHER (City) Chatham Mass. (State or country)	
21 Informant Albert W Jones (Address) Husband		
A TRUE COPY		
ATTEST: (Registrar of City or Town where death occurred)		
DATE FILED March 9/53		

RECEIVED



APR 20

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2313

50

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. GEORGE A. SULLIVAN (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 28 Thornton Park St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 18 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 6 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 3/4 19 to 3/6 1953.

I last saw him alive on 3/6 1953, death is said to

have occurred on the date stated above, at 8:03 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) cerebral thrombosis - 2 days

INTERVAL BETWEEN ONSET AND DEATH

ANTE Due To hypertensive car-
CEDENT (b) diovascular dis-
CAUSES easeDue To
(c)

lyr.

OTHER SIGNIFICANT CONDITIONS acute myocardial infarction

lwk.

Major findings:
Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. Kemble M. D.

(Address) VAH Date 3/6 1953

6 Holy Cross Cem Malden, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Mar 9 1953

7 NAME OF FUNERAL DIRECTOR J Vincent Murray

ADDRESS Revere, Mass.

Received and filed Apr 6 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years 16 Months 16 Days If under 24 hours Hours Minutes

13 Usual Occupation: Paper Hanger (Kind of work done during most of working life)

14 Industry or Business: Self-employed

15 Social Security No.

16 BIRTHPLACE (City) Charlestown Mass (State or country)

17 NAME OF FATHER Daniel J Sullivan

18 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)

19 MAIDEN NAME OF MOTHER Mary Barnes

20 BIRTHPLACE OF MOTHER (City) Boston Mass (State or country)

21 Informant (Address) VA Hospital Records

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Mar 10 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-90/5807

DATE OF ENTERING MILITARY SERVICE - 10/4/17

DATE OF DISCHARGE

5/15/19

RANK, RATING

320 FA U S Army

SERVICE NUMBER

1914419

RECEIVED



APR-8

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2450

51

No. Veterans Administration Hospital, xxx

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ALBERT BINDMAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 49 Moore

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....7.....days. In place of residence 35.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 11 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 3/4 19 to 3/11 1953

I last saw him alive on 3/11 1953 death is said to have occurred on the date stated above, at 7:50a. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) retroperitoneal and
intraperitoneal hemorrhage 14hrsANTE Due To
CEDENT (b) carcinoma of pancreas 1 yr.
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: carcinoma of pancreas

Date of operation 3/10/53 Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. Frank M. D.

(Address) VAH Date 3/11 1953

6 Mt. Lebanon-Kapegorad Rox
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Mar 12 1953

7 NAME OF FUNERAL DIRECTOR B Birnbach
Stanetsky Funeral Chapel

ADDRESS Dorchester

Received and filed 4-1-53 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Jennie Lipofsky
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 7 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Pharmacist
(Kind of work done during most of working life)

14 Industry or Business: Compton Drug Co.

15 Social Security No. 024-05-9934

16 BIRTHPLACE (City)
(State or country) Russia

17 NAME OF FATHER Wolf Bindman

18 BIRTHPLACE OF FATHER (City)
(State or country) Russia

19 MAIDEN NAME OF MOTHER Rose

20 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

21 Informant (Address) VAH Records

A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Mar 16 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

DATE OF ENTERING MILITARY SERVICE - 1/31/17

DATE OF DISCHARGE

8/16/20

RANK, RATING

Pfc

ORGANIZATION & OUTFIT

U S Army

SERVICE NUMBER

876 898

RECEIVED



APR-8

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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death but not
he disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

52

PLACE OF DEATH

1

(County)
Winthrop
(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Mrs Maud Lennon*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) *No*(a) Residence. No. *33 Grampian Way* *Dorchester* *Mass*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death... years..... months *3* days. In place of residence *11* years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 15, 1953*

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
*March 11, 1953, to March 15, 1953*I last saw him alive on *March 15, 1953*, death is said tohave occurred on the date stated above, at *5:15 A. M.*

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) *Arteriosclerotic heart disease*INTERVAL BE-
TWEEN ONSET
AND DEATH*3 years*ANTE
CEDENT
CAUSES

Due To

(b)

CAUSES

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation.....

Was autopsy performed? *No*What test confirmed diagnosis: *clinical + laboratory*5 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Mary E. Traveler Jr.*(Address) *100 Shirley St., Winthrop*Date *March 15, 1953*

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL *March 17, 1953*7 NAME OF
FUNERAL DIRECTORADDRESS *34 Pleasant St., Boston*

Received and filed.....

MAR 16 1953

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(Write the word)

*Female**White**Married**Widowed*10a If married, widowed, or divorced
HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Home

(Kind of work done during most of working life)

14 Industry

or Business:

Home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

*Boston, Mass*17 NAME OF
FATHER*Michael Lennon*

18 BIRTHPLACE OF

FATHER (City)

(State or country)

New Hampshire

19 MAIDEN NAME

OF MOTHER

Catherine Powers

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston, Mass.

21

Informant

(Address)

*Edward J. Cronin*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Walter E. Baker*

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

(Official Designation)

3.16.53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 138, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . — Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from town when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

53

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. 79 Summit Ave.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Thomas Francis Carty
(If deceased is a married, widowed or divorced woman, give also maiden name.){ PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 79 Summit Ave. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 16, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb 11, 1953, to March 16, 1953
I last saw him alive on March 16, 1953, death is said to

have occurred on the date stated above, at 10:26 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Coronary thrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

1 month

ANTE CEDENT
CAUSES (b) Arteriosclerotic
heart disease

2 years

Due To (c) Globalized atherosclerosis

3 years

OTHER SIGNIFICANT
CONDITIONS Hypertrophic arthritis

4 years

Major findings:
Of operations None

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Clinical + laboratory

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice E. Tranter M. D.
(Address) 62 Shirley St., Winthrop, Mass. 018906 Winthrop Winthrop
Place of Burial or Crémation (City or Town)

DATE OF BURIAL March 18, 1953

7 NAME OF FUNERAL DIRECTOR John E. O'Driley
ADDRESS Winthrop Mass

Received and filed 3/18/53

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED or DIVORCED10a If married, widowed or divorced
HUSBAND of Mabel L. Ricker
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Accountant
(Kind of work done during most of working life)

14 Industry or Business: Furniture

15 Social Security No. 012-10-8570A

16 BIRTHPLACE (City) Roxbury
(State or country) Mass

17 NAME OF FATHER Patrick Carty

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Catherine Regan

20 BIRTHPLACE OF MOTHER (City)
(State or country) Roxbury Mass21 Informant Arthur E. Carty
(Address) 79 Summit Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Board of Health or other)Health Officer 3/18/53
(Official Designation) (Date of Issue of Permit)

R-301A

DUCTIONS
FOR
CERTIFICATEiving
OF DEATHnt enter
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50M(D)6-51-904917

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

51

Suffolk

(County)

Winthrop

Boston

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Abraham S. Aronson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran, no.
if so specify WAR)

(a) Residence. No.

37 Trident Ave

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months 28 days. In place of residence 18 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

March 17, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct 1951 to Mar 17 1953

I last saw him alive on Mar 17, 1953, death is said to

have occurred on the date stated above, at 2:15 p.m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Pulmonary edema

10 months

ANTE Due To
CEDENT (b)
CAUSES

Pulmonary

3 months

Due To

(c)

Pulmonary edema with congestive heart failure

1 1/2 years

OTHER
SIGNIFICANT
CONDITIONS

Pulmonary edema

5 months

Major findings:
Of operations.

None

Date of operation.

None

Was autopsy performed?

No

What test confirmed diagnosis?

None

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Har Moriah

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

March 18, 1953

7 NAME OF
FUNERAL DIRECTOR

Benjamin Solomon

ADDRESS 420 Harvard St., Brookline.

Received and filed

MARCH 18, 1953

1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR OR RACE

white

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Minnie Hameson

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 76

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Elevator Operator (retired)

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston

Mass.

17 NAME OF

FATHER

Henry Aronson

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Germany

19 MAIDEN NAME

OF MOTHER

Dora (unknown)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Germany

21

Informant

(Address)

Minnie Aronson

37 Trident Ave., Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/18/53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars: For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk
(County)
Waltham
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 55

- No. *12 Sewall Ave* (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)
- 2 FULL NAME *Cynthia Jean Millette* (If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. *12 Sewall Ave Waltham Mass* (Usual place of abode) (If nonresident, give city or town and State)
- Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 19 1953*
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Smoke inhalation, carbon monoxide poisoning and severe burns. Presumably accidental

5 Accident, suicide, or homicide (specify).....

Date and hour of injury *March 19 1953*

Where did Injury occur? *Waltham*
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? *Home*
(Specify type of place)

Manner of Injury *Carbon monoxide*
(How did injury occur?)

Nature of Injury *Burns & carbon monoxide*

While at work?..... Was autopsy performed? *yes*

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *Michael J. Higgins* M. D.

(Address) *25 W. 11th St. Waltham* Date *3/19/53*

7 *Holy Cross, Waltham*
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL *March 20 1953*

8 NAME OF FUNERAL DIRECTOR *John G. Kelly*

ADDRESS *286 Meridian St., E. B.*

Received and filed..... MAR 2 1953.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Female* 10 COLOR OR RACE *White* 11 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED *Single*

11a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE..... Years *3* Months *9* Days If under 24 hours..... Hours..... Minutes

14 Usual Occupation:..... (Kind of work done during most of working life)

15 Industry or Business:.....

16 Social Security No.

17 BIRTHPLACE (City) *Waltham*
(State or country) *Mass.*

18 NAME OF FATHER *Edward J. Millette*

19 BIRTHPLACE OF FATHER (City)..... (State or country) *Mass.*

20 MAIDEN NAME OF MOTHER *Anna Mary Prociarella*

21 BIRTHPLACE OF MOTHER (City) *East Boston*
(State or country) *Mass.*

22 Informant *Edward J. Millette*
(Address) *12 Sewall Ave, Waltham*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *3.20.53* (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

1127 RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
failure, asthenia,
trans the disease,
ications which
ath.

id conditions,
ving rise to the
se (a) stating
rlying cause

itions contrib-
e death but not
the disease or
causing death.

50M-5-32-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

56

PLACE OF DEATH

Sutton

(County)

Winthrop

(City or Town)

No.

59 Grovers Ave.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Michael Doherty

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No.

(a) Residence. No.

207 Bellingham

St.

Revere

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

3

20

53

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY,

That I attended deceased from

3/7 1953 to 3/20 1953

I last saw him alive on 3/19 1953 death is said to

have occurred on the date stated above, at 3:00 A.M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Uremia

ANTE
CEDENT
CAUSES

Due To

(b)

Cardio-renal
failure

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

arteriosclerosis

Major findings:

Of operations.....

Date of operation.....

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

17

Holy Cross

Place of Burial or Cremation

DATE OF BURIAL

March

23

1953

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

MAR 24 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR OR RACE

white

10 SINGLE (write the word)

MARRIED
WIDOWED
or ~~divorced~~

10a If married, widowed, or divorced

HUSBAND of

Ellen Doherty

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

27

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Contractor

(Kind of work done during most of working life)

14 Industry

or Business:

plastering

15 Social Security No.

019-12-9258

16 BIRTHPLACE (City)

(State or country)

Ireland

17 NAME OF
FATHER

Cornelius Doherty

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

C B L

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

C B L

21

Informant

(Address)

Frank Doherty
207 Bellingham Ave RevereI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

57

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

1

No. Mayflower Rest Home

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Bernard Conway

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 301 Winthrop Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence. years 3 months days.

RUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
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ans the disease,
ications which
ith.id conditions,
ing rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 21 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb 25, 19 53, to March 21, 19 53I last saw him alive on March 21, 19 53, death is said to
have occurred on the date stated above, at 6:00 P.M. m.INTERVAL BE-
TWEEN ONSET
AND DEATH

? 6 Months

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) CarcinomatosisANTE CEDENT (b) Due To Carcinoma - intestines
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Carcinoma
Of operations: I don't know - done at Mass Gen'l Hosp
Date of operation. Was autopsy performed? no

What test confirmed diagnosis? operation

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) John J. Maloney M. D.
(Address) 147 Shirley St Winthrop Date 3-23 19 536 St Joseph's Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 24 19 53

7 NAME OF FUNERAL DIRECTOR John J. Maloney
ADDRESS Winthrop Mass

Received and filed MAR 24 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of, (Give maiden name of wife in full)

(or) WIFE of, (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 62 AGE Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Trackman
(Kind of work done during most of working life)

14 Industry or Business: Railroad

15 Social Security No.
16 BIRTHPLACE (City) Tyrone
(State or country) Ireland

17 NAME OF FATHER Edward Conway

18 BIRTHPLACE OF FATHER (City) Tyrone
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Catherine Cullinin

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Infant John Conway
(Address) 301 Winthrop St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 7-23-53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in such certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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means the disease,
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the disease or
causing death.

50M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 58

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. 35 Lowell Road

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME.

Helen C. Smiddy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, none
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

35 Lowell Road

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 23 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 8, 1952, to March 23, 1953I last saw her alive on March 23, 1953, death is said to
have occurred on the date stated above, at 7:00 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Adenocarcinoma of
RectumINTERVAL BE-
TWEEN ONSET
AND DEATH

1 year

ANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations: Adenocarcinoma of Rectum with
metastases to liver

Date of operation Sept. 2, 1952 Was autopsy performed? No

What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorothy Cheney Appleton M. D.
(Address) 177 Woodside Ave. Date Sept. 4, 19536 Winthrop Winthrop, Massachusetts
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 26 1953

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Frederick J. Magrath
East Boston

Received and filed. MAR 24 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 45 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Medical Secretary
(Kind of work done during most of working life)

14 Industry or Business Randolph Byers M. N.

15 Social Security No. 012-18-8802

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER John E. Smiddy

18 BIRTHPLACE OF FATHER (City) Chelsea
(State or country)

19 MAIDEN NAME OF MOTHER Katherine Wood

20 BIRTHPLACE OF MOTHER Lawrence
(State or country) Mass21 Informant Katherine Smiddy
(Address) 35 Lowell Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Board of Health or other)Health Officer 3-24-53
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
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ing rise to the
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e death but not
the disease or
causing death.

50M (B)-1-51 903586

PLACE OF DEATH

1

Suffolk
(County)
Waltham
(City or Town)

No.

2 FULL NAME

Lucy "Kowaleski" Gerasimetz
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 181 College St.
(Usual place of abode)(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

Registered No.

59

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death — years — months — days. In place of residence — years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 28, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 8, 1953, to Mar 27, 1953I last saw her alive on Mar 27, 1953, death is said to
have occurred on the date stated above, at 3:25 a.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

Mar 28/53

ANTECEDENT CAUSES
Due To (b) Chronic Myocarditis

Feb 24/53

Due To
(c)OTHER SIGNIFICANT
CONDITIONS

Mar 27/53

Major findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis Cholesterol

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Date

M. D.

6 M.T. BENEDICT CEM. W. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 31, 1953

7 NAME OF FUNERAL DIRECTOR Joseph P. Szulewski

ADDRESS 93 Otis St. Cambridge

Received and filed. MAR 30 1953

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death — years — months — days. In place of residence — years — months — days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Lucy Kowaleski
(Give maiden name of wife in full)
(or) WIFE of John Gerasimetz
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 3 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation Housewife
(Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No. 021-10-3602

16 BIRTHPLACE (City) Poland
(State or country)

17 NAME OF FATHER John Kowaleski

18 BIRTHPLACE OF FATHER (City) Poland
(State or country)

19 MAIDEN NAME OF MOTHER Ann ?

20 BIRTHPLACE OF MOTHER (City) Poland
(State or country)21 Informant Emily Trivello
(Address) 181 College St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 330.53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthenia,
and the disease,
indications which
with.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

50M (D)-6-50-902253

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Mount's Rest Home - Great Ave. 104 Highland Ave

2 FULL NAME

Luigi Serignano

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

186 Leyden

(Usual place of abode)

St. East Boston.

(If nonresident, give city or town and State)

Length of stay: In place of death. 6 months. days. In place of residence 12 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 28, 1953.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 1952 to March 28, 1953

I last saw him alive on Feb 28, 1953, death is said to

have occurred on the date stated above, at 7:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Generalized
arteriosclerosisANTECEDENT CAUSES
Due To (b)

Cerebral Anoxia

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

624 ...

St. Michaels Cemetery, Boston, Mass

Place of Burial or Cremation

DATE OF BURIAL

March 31, 1953.

7 NAME OF FUNERAL DIRECTOR

ADDRESS

39 Orleans St. E. Boston.

Received and filed. March 31, 1953.

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 60

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) None

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Assunta Puzzo
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 2 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: Railroad - Track Walker. Section Foreman

15 Social Security No. 631-05-7877A.

16 BIRTHPLACE (City) Mirabella, Italy.
(State or country)

17 NAME OF FATHER Francesco Serignano

18 BIRTHPLACE OF FATHER (City) Mirabella, Italy.
(State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Mirabella, Italy.
(State or country)

21 Informant (Address) Henry DeAngelis (son-in-law) 186 Leyden St. East Boston.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3.31.53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent at the time when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS
OR
CERTIFICATEiving
F DEATHt enter
han one
or each
) and (c)es not mean
dying, such
are, ashenia,
s the disease,
tions whichconditions,
g rise to the
(a) stating
iving causeons contrib-
death but not
e disease or
using death.

PLACE OF DEATH

1

2 FULL NAME.

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 29, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 29, 1953, to Mar 29, 1953I last saw her on Sabbath, 19..... death is said tohave occurred on the date stated above, at 5:26 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

StillbornANTE Due To
CEDENT (b)
CAUSESPrematureDue To
(c)Premature separation
of placenta
in situOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....Date of operation..... Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) A. H. Caplan(Address) 186 Princeton StWalden

Place of Burial or Cremation

DATE OF BURIAL April 2

1953

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

APR

19.....

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health—
or its Agent.

Registered No.

61

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)St. Revere
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn12 AGE..... Years..... Months..... Days | If under 24 hours
Hours Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)14 Industry
or Business:.....

15 Social Security No.

16 BIRTHPLACE (City).....
(State or country) Walden17 NAME OF
FATHER William Broadbent18 BIRTHPLACE OF
FATHER (City).....
(State or country) Walden19 MAIDEN NAME
OF MOTHER Margaret Broadbent20 BIRTHPLACE OF
MOTHER (City).....
(State or country) Walden21 Informant (Address) William Broadbent
120 Malden StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Signature of Agent of Board of Health or other
Walter L. Baker

(Official Designation)

(Date of Issue of Permit) 4.2.53

100M-(D)-10-46-24858

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

25M. (B)-11-51-905807

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

2927 62

No. Mass. Memorial Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Mary S Simons
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 46 Winthrop St
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 21 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 13/53
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Feb. 20 19 53 to March 13 19 53
I last saw her alive on March 13, 19 53, death is said to

have occurred on the date stated above, at 8:50 PM.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Peripheral vascular
collapseINTERVAL BE-
TWEEN ONSET
AND DEATH

12 Hrs

ANTE CEDENT
CAUSES (b)Carcinoma of the colon
generalized carcinoma

6 Mos.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. Bonnet M. D.
(Address) Boston Mass. Date 3-13 19 536 Place of Burial or Cremation Old Calvary Boston Mass.
(City or Town)

DATE OF BURIAL March 16/53 19

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS Winthrop Mass.

Received and filed APR 27 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of John A. Simons
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Southbridge Mass.
(State or country)

17 NAME OF FATHER

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant (Address) John Simons

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED March 27/53 19

RECEIVED



APR 27 AM

25M-(B) 11-51-905807

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 2531

63

No. Mass. General Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Barbara Alu (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 23 Woodside Ave. St. Winthrop Mass. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 11/53 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 27 19 53, to March 14 19 53. I last saw her alive on March 14 19 53, death is said to have occurred on the date stated above, at 7:30A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchiopneumonia

ANTE DUE TO CAUSE (b) Rickets

Due To (c) Congenital nephritis 7 Mos.

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Clay M. D.

(Address) Mass. General Hospt 3-14 19 53

6 Place of Burial or Cremation St. Michael's Boston Mass.

DATE OF BURIAL March 16, 1953 19

7 NAME OF FUNERAL DIRECTOR DiPietro and Vazza

ADDRESS East Boston Mass.

Received and filed. APR 13 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE. Years 6 Months 27 Days If under 24 hours Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Boston Mass.

17 NAME OF FATHER Vincent M Alu

18 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass.

19 MAIDEN NAME OF MOTHER Mary A Marchiafara

20 BIRTHPLACE OF MOTHER (City) (State or country) Baton Rouge La.

21 Informant (Address) Father

A TRUE COPY

ATTEST: Charles J. Inacki (Registrar of City or Town where death occurred)

DATE FILED March 18/53 19

X

RECEIVED



APR 13 AM

Suffolk

(County)

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 2574 64

PLACE OF DEATH

Boston

No. Peter Bent Brigham Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Guiz Smith Croft

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 17 Tewksbury St

(Usual place of abode)

St. Wintthrop Mass. (If nonresident, give city or town and State)

Length of stay: In place of death. years months 2 days. In place of residence. 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month) March (Day) 14 (Year) 53

4 I HEREBY CERTIFY, That I attended deceased from

March 12 19 53 to March 14 19 53

I last saw him alive on March 14 19 53 death is said to

have occurred on the date stated above, at 11:25 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Basilar artery thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Term.

ANTE CEDENT CAUSES (b)

Broncho pneumonia

2 Wks.

Due To (c)

Cardio megalay due to coronary artery sclerosis

Yrs

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations. None

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) V M Cass M. D. (Address) Peter Bent Brigham Hospt 315-53

6 Place of Burial or Cremation Dublin Shore Gen-Dublin Shore N.S. (City or Town)

DATE OF BURIAL March 19/53 19

7 NAME OF FUNERAL DIRECTOR G E Carroll

ADDRESS Malden Mass.

Received and filed APR 13 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED Single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Yrs XXXX Months 12 Days

If under 24 hours Hours Minutes

13 Usual Occupation: Attendant (Kind of work done during most of working life)

14 Industry or Business: Hospital

15 Social Security No. 028-05-7903

16 BIRTHPLACE (City) (State or country) Dublin Shore N.S.

17 NAME OF FATHER John Croft

18 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Jane Smith

20 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

21 Informant (Address) Jennie Hall

A TRUE COPY

ATTEST Charles G. Mackie (Registrar of City or Town where death occurred)

DATE FILED March 18/53 19

COPIES OF RETURNS OF DEATHS WHICH OCCURRED IN YOUR CITY OR TOWN IN CASE THE DECEASED RESIDED IN ANOTHER CITY OR TOWN AT THE TIME OF DEATH SHOULD BE TRANSMITTED ON FORM R-302 TO THE CLERK OF THE CITY OR TOWN IN WHICH THE DECEASED RESIDED AS SOON AS POSSIBLE, AFTER THE CLOSE OF THE MONTH IN WHICH THE DEATH OCCURRED. (SEE CHAP. 46, SEC. 12, G. L.)

WHILE FILING, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

RECEIVED



APR 13 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. U. S. Naval Hospital

2 FULL NAME Baby Girl "A" Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 56 Park Ave.
(Usual place of abode)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 16, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar. 16, 1953, to Mar. 16, 1953I last saw her alive on Mar. 16, 1953 death is said to
have occurred on the date stated above, 11.15A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) AtelectasisINTERVAL BETWEEN ONSET
AND DEATH

9 hrs.

ANTE CEDENT CAUSES
Due To (b) Prematurity

Due To (c) Immaturity

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Espl. R. E. Peters M. D.
(Address) Naval Hosp. Chelsea, Mass. Date 3/16/536 Place of Burial or Cremation Woodlawn, Everett, Mass.
(City or Town)

DATE OF BURIAL Mar. 18, 1953

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray
ADDRESS Revere, Mass.

Received and filed. APR 13 1953

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 152

63

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Chelsea, Mass.

17 NAME OF FATHER Roderick L.

18 BIRTHPLACE OF FATHER (City)
(State or country) Bartlett, N. H.

19 MAIDEN NAME OF MOTHER Mary R. Altpeter

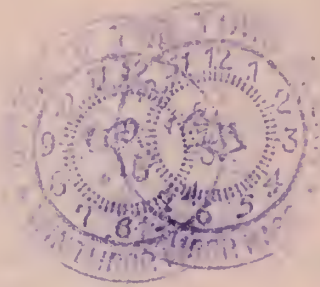
20 BIRTHPLACE OF MOTHER (City)
(State or country) Rochester, N. Y.21 Informant. Roderick L. Brown
(Address) 56 Park Ave. Winthrop, Mass.

A TRUE COPY.

ATTEST: Joseph A. Terrell
(Registrar of City or Town where death occurred)

DATE FILED Mar. 18, 1953

RECEIVED



APR 13 AM AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(e)-10-48-24658

PLACE OF DEATH

1

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

153

66

Registered No.

No. U.S. Naval Hospital

{ (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Baby Girl "B" Brown
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 56 Park Ave.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar. 16, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar. 16, 53 to Mar. 16, 1953I last saw her alive on March 16, 1953, death is said to
have occurred on the date stated above, at 11:45 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) AtelectasisINTERVAL BE-
TWEEN ONSET
AND DEATH

9 hrs.

ANTE Due To Prematurity
CEDENT (b)Due To Immaturity
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Earl R. Peters M. D.
(Address) Naval Hosp. Chel. Date 3/16/53 19
Woodlawn, Everett, Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Mar. 18, 1953 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray
Revere, Mass.

ADDRESS APR 13 1953

Received and filed. 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Chelsea, Mass.
(State or country)

17 NAME OF FATHER Roderick L.

18 BIRTHPLACE OF FATHER (City) Bartlett, N.H.
(State or country)

19 MAIDEN NAME OF MOTHER Mary F. Altpeter

20 BIRTHPLACE OF MOTHER (City) Rochester, N.Y.
(State or country)21 Informant Roderick L. Brown
(Address) 56 Park Ave. Winthrop, Mass.

A TRUE COPY.

ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED March 18, 1953 19

RECEIVED



APR 13 1918

PLACE OF DEATH

Suffolk
(County)BOSTON
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHBoston
(City or town making return)

Registered No. 2841 67

No. 45 Townsend St. Jewish Mem. H. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Pelofsky
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 23 Waveway Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death... years 1 months 5 days. In place of residence 20 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 21, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 2-16, 1953 to 3-21, 1953

I last saw him alive on 3-21, 1953, death is said to

have occurred on the date stated above, at 10:55 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) lobar pneumonia

ANTE CEDENT CAUSES Due To (b) apinal cord tumor

Due To (c)

OTHER SIGNIFICANT CONDITIONS gen. arteriosclerosis

Major findings: bladder stone

Of operations

Date of operation 1947 Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify J. W. Chandler M. D.

(Signed) J.M. Hospital Date 3-21-53

(Address) Tereareth Israel of Winthrop Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 23, 1953

7 NAME OF FUNERAL DIRECTOR Hyman J. Torf

ADDRESS 151 Washington Av. Chelsea

Received and filed APR 21 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

10a If married, widowed, or divorced HUSBAND of Lena G. Kraft
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: teacher
(Kind of work done during most of working life)

14 Industry or Business: Hebrew Schools

15 Social Security No. ---

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Louis Pelofsky

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Max Pell 364 Walnut Ave Roxbury

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

Charles A. March 25, 1953

DATE FILED

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



APR 21

PM

501 10 110

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2985

68

No. St Elizabeth's Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME BRIDGET F. BARRY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR.)

(a) Residence. No. 6 Edge Hill Road,

(Usual place of abode)

St Winthrop, Mass.

Length of stay: In place of death years months 5 days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 24 (Month) (Day) 1953 (Year)

4 I HEREBY CERTIFY, That I attended deceased from

3/19 19 to 3/24 1953

I last saw her alive on 3/24 1953 death is said to

have occurred on the date stated above, at 9:45p. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) heart disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

yrs.

ANTE Due To
CEDENT (b)
CAUSES

arteriosclerosis

yrs.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

pulmonary embolism

1 day

Major findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? no

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) R Dowst

(Address) St Eliz Hosp

Date 3/24 1953

6 Holy Cross

Place of burial or cremation

(City or town)

DATE OF BURIAL

Mar 28

1953

7 NAME OF
FUNERAL DIRECTOR

M Kirby

ADDRESS

Winthrop, Mass.

Received and filed

APR 27 1953

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

F

W

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Edmund J. Barry

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 83 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

At home

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF
FATHER

Michael Sheehan

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

Ireland

OF MOTHER

Catherine Ryan

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

21

Informant

(Address)

F. Barry

Ireland

A TRUE COPY

ATTEST:

Charles H. Mackie

(Registrar of City or Town where death occurred)

DATE FILED

Mar 30

1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



APR 27 AM

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 69

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 14 Sea Foam Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leah Berman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 14 Sea Foam Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 35 years 0 months 0 days. In place of residence 35 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 1, 1953
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1949, to April 1, 1953

I last saw her alive on March 27, 1953, death is said to have occurred on the date stated above, at 10:20 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 hours.

ANTECEDENT CAUSES (b) Arteriosclerotic and hypertensive heart disease

4 years

(c) Generalized arteriosclerosis

6 years.

OTHER SIGNIFICANT CONDITIONS —

Major findings: Of operations None

Date of operation: Was autopsy performed? No.

What test confirmed diagnosis? Clinical & laboratory.

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify: Heavy transport work
(Signed) M. D. (Address) 562 Cherry St. W. Roxbury, Mass. 1953

6 Place of Burial or Cremation: Sharon Hills Cent. W. Roxbury
(City or Town)

DATE OF BURIAL April 3, 1953

7 NAME OF FUNERAL DIRECTOR H. J. Torf

ADDRESS 151 Wash. St. Chelsea

Received and filed. APR 3 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Max Berman (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 0 Months 0 Days If under 24 hours Hours Minutes

13 Usual Occupation: (house wife) (Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. 014-22-60230

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Wolf Bricktor

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER (CBL)

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant: G. Bargad (Address) 55 Park St. Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Health Officer 4.3.53 (Date of Issue of Permit)

100M-(D)-10-4B-24658

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent

Registered No. 70

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME James T. Sharkey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No.(a) Residence. No. 112 Hermon
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death years months 8 days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 1, 1953
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
March 25, 1953 to April 1, 1953I last saw him alive on April 1, 1953, death is said to
have occurred on the date stated above, at 3 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Acute Pulmonary Edema

INTERVAL
BETWEEN
ONSET
AND DEATH

2 Days

ANTE
CEDENT
CAUSES

Due To (b) Serial Hemorrhage

5 Days

Due To (c) Myocardium

OTHER
SIGNIFICANT
CONDITIONS

Diabetes

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George H. Schmitt M. D.
(Address) 190 Meridian St., E. B. Date 4/1/53 19536 Place of Burial or Cremation St. Joseph's Boston
(City or Town)

DATE OF BURIAL April 4, 1953

7 NAME OF FUNERAL DIRECTOR John C. Kelly

ADDRESS 286 Meridian St., E. B.

Received and filed APR 3 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Mary J. MacEachern
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. —

12 AGE 81 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Retired Clerk
(Kind of work done during most of working life)

14 Industry or Business Retired Steamship

15 Social Security No. 011-12-3429

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Edward Sharkey

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Isabella M. Cormack

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Frank S. Sharkey
(Address) 112 Hermon St., Win.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)Health Office 4.3.53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or from diseases not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)No. Wentworth Community Hospital2 FULL NAME Jennie Ida Shaw
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 19 Emerson Road Winthrop
(Usual place of abode)Length of stay: In place of death.....years.....months 21 days. In place of residence. 15 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April - 2 - 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Flame Burns of Body & Extremities
Sensitivity5 Accident, suicide, or homicide (specify) accidentalDate and hour of injury March - 11 - 1953Where did Injury occur? Winthrop
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

Manner of Injury Nothing accidentally ignited at
(Specify type of place)Nature of Injury other home from a gas stove
(How did injury occur?)While at work? - Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. B. Buckley M.D.
(Address) Boston April 3 - 19537 Woodlawn Cemetery, Everett, Mass.
Place of Burial, or Cremation. (City or Town)DATE OF BURIAL April 6, 19538 NAME OF FUNERAL DIRECTOR Alfred B. MarshADDRESS 174 Winthrop St. Winthrop, Mass.Received and filed APR 6 1953

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 71(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX female 10 COLOR OR RACE white 11 SINGLE (write the word)
MARRIED
WIDOWED widowed
or DIVORCED

11a If married, widowed, or divorced

HUSBAND of John Shaw
(Give maiden name of wife in full)(or) WIFE of John Shaw
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 90 Years 10 Months 1 Days If under 24 hours
.....Hours.....Minutes14 Usual Occupation: housework
(Kind of work done during most of working life)15 Industry or Business: own home16 Social Security No. none17 BIRTHPLACE (City) Charlottetown
(State or country) Prince Edward Island18 NAME OF FATHER William Johnston19 BIRTHPLACE OF FATHER (City) Charlottetown
(State or country) Prince Edward Island20 MAIDEN NAME OF MOTHER unable to ascertain21 BIRTHPLACE OF MOTHER (City) " " "
(State or country)22 Informant Miss Hazel Shaw
(Address) 19 Emerson Road, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Walter S. Baker
Health Officer (Official Designation) 4-6-53 (Date of Issue of Permit)

X

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight, and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made,Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

R-301A

INSTRUCTIONS
FOR
CERTIFICATE
OF DEATHDo not enter
more than one
cause for each
(b) and (c)Do not mean
of dying, such
as, apoplexy,
disease,
conditions which
lead to death.Do not mean
conditions,
such as, apoplexy,
disease, (a) stating
the causeDo not mean
conditions contrib-
uting to the
disease or
causing death.

100M-(D)-10-48-24685

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 72

No. 142 Pleasant

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

Albert Elsworth Haskell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence, No. 35
(Usual place of abode) Enfield Road

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHApril 3 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

April 1951 to April 3, 1953

I last saw him alive on April 2, 1953, death is said to

have occurred on the date stated above, at 5:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

10 days

ANTE Due To
CEDENT (b) Cerebral Arterio-
CAUSES SclerosisDue To
(c) Generalized
Arterio-SclerosisOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray

(Address) Winthrop Mass

6 Newton Ken. Newton, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 6 1953

7 NAME OF
FUNERAL DIRECTORVictoria Reynolds
180 Winthrop St. Winthrop

Received and filed 3 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male White

9 COLOR OR RACE

10 SINGLE (with the word)

MARRIED
WIDOWED
or DIVORCED

widowed

10a If married, widowed or divorced

HUSBAND of William McCloud
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 89 Years 8 Months 2 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Salesman

(Kind of work done during most of working life)

14 Industry

or Business:

Glass Ware

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Wilton Maine

17 NAME OF

FATHER

Unable to Obtain

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Unable to Obtain

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant

(Address)

Vergina Johnson
35 Enfield Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4 3 53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery of burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The full intent of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3268

73

No. 61 Robinwood Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna J. Mack

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 38 Tilston Road
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month) April (Day) 3 (Year) 53

4 I HEREBY CERTIFY, That I attended deceased from

March 1 1953 to April 3 1953

I last saw her alive on April 3 1953, death is said to

have occurred on the date stated above, at 9:45 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Cerebral hemorrhage 4 1/2 Days

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES
Due To (b)General arterio sclerotic
heart disease Yrs

Due To (c)

Senility

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. DeStefano M. D.

(Address) Boston Mass. Date 4-3-53

6 Place of Burial or Cremation Holyhood Brookline Mass. (City or Town)

DATE OF BURIAL April 6/53 19

7 NAME OF FUNERAL DIRECTOR R. C. Kirby

ADDRESS Boston Mass.

Received and filed MAY 4 1953 19

(Registrar of City or Town where deceased)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

F W MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Stephen A. Mack
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 6 Months 8 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER John Phillips

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Catherine McCann

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant S. Mack Son
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

April 7/53

DATE FILED 19

RECEIVED



MAY - 4 AM

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3249

No. N E Deaconess Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DANIEL SCHWARTZ (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 36 Forest St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 19 days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 3 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 3/15 19 to 4/3 1953

I last saw him alive on 4/3 1953 death is said to have occurred on the date stated above, at 4:10p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) acute coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

8hrs.

ANTECEDENT CAUSES (b) Coronary heart disease with previous infarction

2yrs. plus

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus Polycythemia

4yrs. 2yrs.

Major findings: Of operations.

Date of operation. Was autopsy performed? yes

What test confirmed diagnosis? CG

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) E. Miller, Jr. M. D.

(Address) NEDH Date 4/3 1953

Tifereth Israel of Revere-Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Apr 5 53

7 NAME OF FUNERAL DIRECTOR A Golov
ADDRESS Dorchester

Received and filed MAY 4 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Minna Webber (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Baker (Kind of work done during most of working life)

14 Industry or Business For himself

15 Social Security No. 022-03-5960

16 BIRTHPLACE (City) (State or country) Poland

17 NAME OF FATHER Ansel Schwartz

18 BIRTHPLACE OF FATHER (City) (State or country) Poland

19 MAIDEN NAME OF MOTHER Sarah - - -

20 BIRTHPLACE OF MOTHER (City) (State or country) Poland

21 Informant (Address) M Schwartz

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Apr 7 1953

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-9/5807

RECEIVED



MAY - 4 AM

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
culture, ashenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causetions contrib-
death but not
the disease or
causing death.

504 (B)-1-51 903586

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Baby Boy Nickerson Nickerson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 180 Falcon Street
(Usual place of abode)(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) NoSt. East Boston, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 4 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 4, 1953 to April 4, 1953
I last saw h. in alive on April 4, 1953, death is said to

have occurred on the date stated above, at 2 am.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PrematureINTERVAL BE-
TWEEN ONSET
AND DEATH
1/2 hrANTE CEDENT
(b) CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) [Signature] M. 1953
(Address) [Address] Date April 7 19536 Woodlawn Cemetery, Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 6th 1953

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed. APR 6 1953 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 75

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE..... Years..... Months..... Days If under 24 hours
Hours 30 Minutes13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

17 NAME OF FATHER Donald H. Nickerson

18 BIRTHPLACE OF FATHER (City) Shelbourne
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Phyllis M. MacDonnell

20 BIRTHPLACE OF MOTHER (City) Brighton
(State or country) Mass.21 Informant Donald H. Nickerson-father
(Address) 180 Falcon St., East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)4.6.53
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating in the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 76

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. John S. Edward Winston
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 53 St. Andrew Road
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death... years... months... days. In place of residence 67 years... months... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, ashenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
plying causeions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 7 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb 23, 1953, to April 7, 1953I last saw him alive on 4/7 1953, death is said to
have occurred on the date stated above, at 3:40 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATHCoronary
ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

6 wks

ANTE CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [Signature] M. D.
(Address) 670 Saint Paul St. Date 4/7 1953Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 10th 1953

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed. APR 8 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 0 Months 10 Days If under 24 hours
Hours Minutes13 Usual Occupation: Statistician
(Kind of work done during most of working life)

14 Industry or Business: Stock Brokerage

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER James Winston

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Cummings

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant Miss Katherine B. Winston-sis
(Address) 53 St. Andrew Rd., E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer 4.8.1953
(Official Designation) (Date of Issue of Permit)

50M (B)-1-51 903586

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3105

No. Mass. Memorial Hospt.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Norma Crosby
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 144 Circuit Road
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days In place of residence 10 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 8/53
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 28th 53 to April 8/19 53
I last saw her alive on April 8, 1953, death is said to
have occurred on the date stated above, at 4:30A.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Congestive heart
failureINTERVAL BE-
TWEEN ONSET
AND DEATH

9 Mos.

ANTE DUE TO
CEDENT (b)
CAUSESArterio sclerotic
heart disease

Yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSDiabetes mellitus
arterio sclerotic
obliterans lower
extrem.Major findings:
Of operations.

None

Date of operation. Was autopsy performed? No

What test confirmed diagnosis?

clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

P Bonnet

Date 4-8-1953

6 Place of Burial Winthrop Cem. Winthrop Mass. (City or Town)

DATE OF BURIAL April 11/53

7 NAME OF FUNERAL DIRECTOR V A Reynolds

ADDRESS Winthrop Mass.

Received and filed MAY 4 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John Armand Crosby

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years 2 Months 20 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None
16 BIRTHPLACE (City) Springfield Mass.
(State or country)

17 NAME OF FATHER Norman McLeod

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Gertrude Mead

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

21 Informant (Address) V A Reynolds

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED April 13/53

RECEIVED



MAY - 4 AM

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 78

- 1 No. Junior High School St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
- 2 FULL NAME Frederick H. Clark (If deceased is a married, widowed or divorced woman, give also maiden name)
- (a) Residence. No. 62 Edgehill Rd. Winthrop St. (If deceased a U. S. War Veteran, if so specify WAR) IAI
- (Usual place of abode) (If nonresident, give city or town and State)
- Length of stay: In place of death.....years.....months.....days. In place of residence 43 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

- 3 DATE OF DEATH April - 9 - 1953
(Month) (Day) (Year)
- 4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Sudden Cardiac Failure:
Probably Coronary Sclerosis

- 5 Accident, suicide, or homicide (specify).....
Date and hour of injury.....19.....
Where did injury occur?.....
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place?.....
(Specify type of place)
Manner of injury Collapsed after making a speech
(How did injury occur?)
Nature of injury and died quickly
While at work?..... Was autopsy performed? no

- 6 Was disease or injury in any way related to occupation of deceased?.....
If so, specify Shin Splints
(Signed) Shin Splints M. D.
(Address) Boston Date April 10, 1953

- 7 Winthrop Cemetery Winthrop
Place of Burial, or Cremation. (City or Town)

- DATE OF BURIAL April 13 1953

- 8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 180 Winthrop St. Winthrop

- Received and filed APR 13 1953 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

- 9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED
MARRIED married
WIDOWED
or DIVORCED
- 11a If married, widowed, or divorced HUSBAND of Alice Clark
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

- 12 IF STILLBORN, enter that fact here.
- 13 AGE 64 Years 5 Months 13 Days If under 24 hours
Hours.....Minutes
- 14 Usual Occupation Sales manager
(Kind of work done during most of working life)
- 15 Industry or Business Meat Products
- 16 Social Security No. 010-07-1174
- 17 BIRTHPLACE (City) Boston
(State or country) Mass

- 18 NAME OF FATHER William P. Clark
- 19 BIRTHPLACE OF FATHER (City) St. John
(State or country) New Brunswick
- 20 MAIDEN NAME OF MOTHER Ada Doherty
- 21 BIRTHPLACE OF MOTHER (City) St. John
(State or country) New Brunswick

- 22 Informant Alice Clark
(Address) 62 Edgehill Rd. Winthrop

- I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. K. K. K.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4.13.53 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

(8-15-18)

8-15-1918

1-27-1919

Chief Commissary Steward
Navy Commissary School, Boston Mass

1214769

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
as, apoplexy,
asthenia,
paralysis, etc.,
which
are the disease,
or conditions
which
contribute to
the death, but
the disease,
or conditions
causing death.

and conditions,
contributing
to the death,
(a) stating
the cause
of death.

conditions contrib-
uting to the death,
but not the disease
causing death.

PLACE OF DEATH

1

Suffolk
(County)
Wintthrop
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

79

To be filed for burial permit
with Board of Health
or its Agent.

No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

JANE JEANETTE E. DUSSAULT
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WARY)

(a) Residence. No. *41 Washington Ave*
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death *3* years months days. In place of residence *50* years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

April 9 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 1950 to *April 9, 1953*

I last saw him alive on *April 9, 1953* death is said to
have occurred on the date stated above, at *10:15 P.M.*

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) *Cerebral Thrombosis*INTERVAL BE-
TWEEN ONSET
AND DEATH

5 days
10 yrs.

ANTE
CEDENT
CAUSES

Due To (b) *Atherosclerosis*

Due To (c) *1*

OTHER
SIGNIFICANT
CONDITIONS

Hypertension
10 yrs.

Major findings:
Of operations.

none

Date of operation.

Was autopsy performed?

What test confirmed diagnosis? *Clinical exam.*5 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify
(Signed)

Charles Liberman M. D.
(Address) *238 Stone Drive, Wintthrop* Date *4/9/1953*

6 Place of Burial or Cremation

Wintthrop (City or Town)

DATE OF BURIAL

April 13 1953

7 NAME OF
FUNERAL DIRECTOR

George W. Ruby

ADDRESS

Wintthrop

Received and filed.

APR 10 1953

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

(write the word)

Married
Widowed
or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Etienne E. Dussault
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

45 Years months days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

home
(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

Wintthrop
(State or country)

17 NAME OF
FATHER

Edward Gatto

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Canada

19 MAIDEN NAME

OF MOTHER

Sarah Barron

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Canada

21

Informant

(Address)

Wintthrop Old Age Custodian

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4.10.53

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, had died without receiving medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, asphyxia,
which
the disease,
which
causes death.and conditions,
leading rise to the
cause (a) stating
the causeconditions contrib-
e death but not
the disease or
causing death.

50M-5-52-907046

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 80

To be filed for burial permit
with Board of Health
or its Agent.No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME James J. Collins
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No. 517 Orleans East Boston St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 10 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 28 1953 to April 10 1953I last saw him alive on April 11 1953 death is said to
have occurred on the date stated above, at 8:10 P. M.DISEASE OR CONDITION PERIPHERAL CIRCULATORY
DIRECTLY LEADING TO DEATH (a) peripheral circulatory
collapse

ANTECEDENT CAUSES Due To (b) surgery (prostate)

Due To (c)

OTHER SIGNIFICANT CONDITIONS senility

Major findings: hypertrophied prostate

Date of operation April 12 1953 Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Dr. Walter J. Baker M. D.

(Address) 517 Orleans St. East Boston Date April 11 1953

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 14 1953

7 NAME OF FUNERAL DIRECTOR Charles W. Treanor

ADDRESS East Boston

Received and filed APR 13 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M. 9 COLOR OR RACE W. 10 SINGLE (write the word)
MARRIED WIDOWED OR DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Mary A. Gaffney
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Real Estate Operator
(Kind of work done during most of working life)

14 Industry or Business: Real Estate

15 Social Security No. None

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER John Collins

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ellen McBarthy

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant (Address) Walter Collins
517 Orleans St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4.13.53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ans the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causetions contrib-
death but not
he disease or
causing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. Mayflower Rest Home Grover Ave Winthrop2 FULL NAME Alfred B. Hansen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 22 George Avenue
(Usual place of abode)St. Revere Massachusetts
(If nonresident, give city or town and State)Length of stay: In place of death. . . years . . . months . . . 7 days. In place of residence 65 years . . . months . . . days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 11 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 4 19 53 to April 11 19 53
I last saw him alive on April 11 19 53, death is said tohave occurred on the date stated above, at 11:18 A. m.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Hypertensive
PneumoniaANTECEDENT
CAUSESDue To (b) Cerebral
HemorrhageDue To (c) Hypertension +
Hypertensive Heart Dis 1948OTHER
SIGNIFICANT
CONDITIONSArteriosclerosis 1948Major findings:
Of operations. NoneDate of operation. . . Was autopsy performed? noWhat test confirmed diagnosis? none5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John F. Gelineau(Address) Revere MassM. D. 19536 Place of Burial or Cremation Winthrop
(City or Town)DATE OF BURIAL April 14 19 537 NAME OF FUNERAL DIRECTOR Richard C. KirbyADDRESS 917 Bennington St East BostonReceived and filed. APR 13 1953 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

81

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
give institution NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

no

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
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ans the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causetions contrib-
death but not
he disease or
causing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. Mayflower Rest Home Grover Ave Winthrop2 FULL NAME Alfred B. Hansen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 22 George Avenue
(Usual place of abode)St. Revere Massachusetts
(If nonresident, give city or town and State)Length of stay: In place of death. . . years . . . months . . . 7 days. In place of residence 65 years . . . months . . . days.

MEDICAL CERTIFICATE OF DEATH

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Hypertensive Heart Dis 1948OTHER
SIGNIFICANT
CONDITIONSArteriosclerosis 1948Major findings:
Of operations. NoneDate of operation. . . Was autopsy performed? noWhat test confirmed diagnosis? none5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John F. Gelineau(Address) Revere MassM. D. 19536 Place of Burial or Cremation Winthrop
(City or Town)DATE OF BURIAL April 14 19 537 NAME OF FUNERAL DIRECTOR Richard C. KirbyADDRESS 917 Bennington St East BostonReceived and filed. APR 13 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR OR RACE

white

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

Hanora Kiley

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE. 79 Years 8 Months 27 DaysIf under 24 hours
Hours Minutes

13 Usual

Occupation: Seaman

(Kind of work done during most of working life)

14 Industry

or Business: Seafaring15 Social Security No. 021-20-2480

16 BIRTHPLACE (City)

(State or country)

Norway17 NAME OF
FATHERPeder Hansen

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Norway

19 MAIDEN NAME

OF MOTHER

Ann (CBL)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Norway

dau

PARENTS

21

Informant
(Address)Mrs. Pauline R. Anderson
989 Bennington St E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4.13.53 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition)

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 25 Tewkesbury St.



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 82

2 FULL NAME Edward Hart
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 25 Tewkesbury St Winthrop
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 14 years months days. In place of residence 14 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 12 - 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Recent Contusions of Brain
Contusion Scalp; Traumatic
Subdural Hemorrhage

5 Accident, suicide, or homicide (specify) accidental

Date and hour of injury about Apr - 6 1953

Where did
Injury occur? Winthrop
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? Said to have been accident
(Specify type of place)Manner of Injury fall, while working over a fence
(How did injury occur)

Nature of Injury at Winthrop about Apr - 6 - 1953

While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. Buckley M. D.

(Address) Boston Date April 13 - 1953

7 Place of Burial or Cremation St. Joseph's (City or Town)

DATE OF BURIAL April 16, 1953

8 NAME OF FUNERAL DIRECTOR John G. Kelly

ADDRESS 286 Meridian St. Etc.

Received and filed APR 15 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX male 10 COLOR OR RACE white 11 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 14 Years 10 Months 23 Days If under 24 hours
Hours Minutes14 Usual Occupation Student
(Kind of work done during most of working life)

15 Industry or Business High School

16 Social Security No. 019-28-6142

17 BIRTHPLACE (City) Winthrop
(State or country) Mass.

18 NAME OF FATHER Harold F. Hart

19 BIRTHPLACE OF FATHER (City) Roxbury
(State or country) Mass.

20 MAIDEN NAME OF MOTHER Etta L. Lee

21 BIRTHPLACE OF MOTHER (City) Salem
(State or country) Mass.22 Informant Harold F. Hart
(Address) 25 Tewkesbury St. Wm.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit)

WRITE NAME OF PHYSICIAN, OCCUPATION, CAUSE AND MANNER OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED UNDER THE INTERNATIONAL CLASSIFICATION OF CAUSES OF DEATH. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

Full name is Ella Frances Lithgow

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 83

PLACE OF DEATH

1

No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 27
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 15 years. 33 months. 33 days. In place of residence. 33 years. 33 months. 33 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

April - 13 - 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary Sclerosis;
Left Coronary Occlusion;
Sen. Arterio Sclerosis.

5 Accident, suicide, or homicide (specify)

Date and hour of injury. 19.

Where did Injury occur?
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

Manner of Injury Found dead in her bed
(Specify type of place)

Nature of Injury
(How did injury occur?)

While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Brickley M. D.
(Address) Boston April 13 1953

7 Woodlawn Crematory Everett, Mass.
(City or Town)

DATE OF BURIAL Cremation April 15 1953

8 NAME OF

FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. APR 15 1953 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR OR RACE

11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

female white

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Toppan Lithgow
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE 73 Years 5 Months 19 Days

If under 24 hours

Hours Minutes

14 Usual Occupation

retired actress

(Kind of work done during most of working life)

15 Industry or Business

professional stage

16 Social Security No.

none

17 BIRTHPLACE (City)

Charlestown

(State or country)

Mass.

18 NAME OF FATHER

Frank Murdock

19 BIRTHPLACE OF FATHER (City)

(State or country)

Vermont

20 MAIDEN NAME OF MOTHER

Harriet Upham

21 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston

Mass.

Informant (Address)

Francis T. Lithgow
37 Sunnyside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other
Walter L. Baker

(Official Designation)

(Date of Issue of Permit)

4-15-53

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest, with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 name Madeline Sumner Sandman

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 84

No. Mount's Convelescent Nursing Home St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Madeline Sandman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 63 Waldermar Avenue St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 2 years... months... days. In place of residence 2 years... months... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as ileus, ashenia,
or the disease,
indications which
with.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 15 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 13, 1953 to April 15, 1953I last saw her alive on April 14, 1953, death is said to
have occurred on the date stated above, at 7:00 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Myocardial

Heart Disease

ANTECEDENT CAUSES Due To (b) Arteriosclerosis
Generalized

Due To (c) senility

OTHER SIGNIFICANT
CONDITIONS cholecystitis -
chronicMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify
(Signed) Joseph J. Frazee M. D.
(Address) 200 Washington St. Date 4-15-19536 Mt. Hope Cemetery Dorchester
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 18 1953 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed. APR 17 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of William B. Sandman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 5 Months 25 Days If under 24 hours
Hours Minutes13 Usual Occupation housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Morris Benjamin Rowe

18 BIRTHPLACE OF FATHER (City) Maine
(State or country)

19 MAIDEN NAME OF MOTHER Lucy Haskell

20 BIRTHPLACE OF MOTHER (City) Gloucester
(State or country) Mass.21 Informant Mrs. Alfred H. Fowlie
(Address) 63 Waldermar Ave, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 4-17-53
(Official Designation) (Date of Issue of Permit)

50m-(b)-11-49-090,560

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or by the action of resulting from injury or infection relating to occupation, or suddenly when not disabled by recognized disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funerals to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ture, asthenia,
ns the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

50M (B)-1-51 903566

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

3 DATE OF
DEATH

4 I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on..... 19..... death is said to

have occurred on the date stated above, at.....

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

ANTE
CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....
(Address).....

6 Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed.....

APR 17 1953

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit
with Board of Health
or its Agent.

85

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)St. Everett
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE.....Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual
Occupation:.....
(Kind of work done during most of working life)14 Industry
or Business:.....

15 Social Security No.

16 BIRTHPLACE (City).....
(State or country)17 NAME OF
FATHER Angelo Covino18 BIRTHPLACE OF
FATHER (City) Everett
(State or country) Mass19 MAIDEN NAME
OF MOTHER Eva Formosi20 BIRTHPLACE OF
MOTHER (City) Boston
(State or country) Mass21 Informant (Address) Angelo Covino
2 Beacham St. EverettI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)Health Officer 4/17/53
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-teen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including gunshot wounds), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ture, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

St. Michaels

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

86

To be filed for burial permit
with Board of Health
or its Agent.

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Baby Boy Giovanni

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 134 Paris St
(Usual place of abode)

East Boston

St.

(If nonresident, give city or town and State)

Length of stay: In place of death... years... months... days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHApril 17 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

19... to... 19...

I last saw h... alive on... 19... death is said to

have occurred on the date stated above, at 2:50 PM.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations...

Date of operation... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) S. Schuffe
(Address) 134 Paris St Date 4/17 19536 St. Michaels Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 21 1953 19...

7 NAME OF
FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St East Boston

Received and filed APR 21 1953 19...

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX
Male9 COLOR OR RACE
White10 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of... (Give maiden name of wife in full)

(or) WIFE of... (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE... Years... Months... Days If under 24 hours
Hours Minutes13 Usual
Occupation: (Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)17 NAME OF
FATHER Alfred Giovanni Tichonni18 BIRTHPLACE OF
FATHER (City) Italy Boston
(State or country)19 MAIDEN NAME
OF MOTHER Louisi Gambino20 BIRTHPLACE OF
MOTHER (City) Boston
(State or country)21 Informant Alfred Giovanni
(Address) 134 Paris St East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker, Winthrop
(Signature of Agent of Board of Health or other)H. O. Apr. 20, 1953
(Official Designation) (Date of Issue of Permit)

50M (B)-1-51 903586

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body or remove it from a town, from one cemetery to another, or from one grave to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. . . If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. . . If death is caused by violence, the medical examiner shall make such certificate. . . If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. . . If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. . . If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. . . Children not gainfully employed may be returned as at school or at home. . . For a woman whose only occupation was that of home housework, write housework. . . For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. . . For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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for each
b) and (c)does not mean
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ng rise to the
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death but not
e disease or
causing death.

50M (8-1-51) 903586

PLACE OF DEATH

1

Suffolk
(County)Northampton
(City or Town)

No. Northampton Hospital

2 FULL NAME Baby Boy Stone
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 55 Ware Way, Ware, Mass.
(Usual place of abode)

Length of stay: In place of death... years... months... / days. In place of residence... years... months... / days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 87

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, *me*
if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 20, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Apr. 20, 1953, to Apr. 20, 1953.I last saw him alive on ... 19... death is said to
have occurred on the date stated above, at 12:02 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PrematurityANTE
CEDENT
CAUSES

Due To

(b) Premature Separation
Placenta
Proapsed cord.
Proapsed cord

Due To

(c) Thrombosed

OTHER
SIGNIFICANT
CONDITIONSMacerated Fetus
of about 5 1/2 months.Major findings:
Of operations

Date of operation... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. N. Caplan M. D.
(Address) 186 Princeton St. Date 4-20-19536 Place of Burial or Cremation Northampton
(City or Town)

DATE OF BURIAL April 20, 1953

7 NAME OF
FUNERAL DIRECTORADDRESS H. J. Ford
165 Beacon St. Boston

Received and filed... APR 21 1953... 19...

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of... (Give maiden name of wife in full)

(or) WIFE of... (Husband's name in full)

11 IF STILLBORN, enter that fact here Stillborn

12

AGE... Years... Months... Days... If under 24 hours
Hours... Minutes

13 Usual

Occupation: None
(Kind of work done during most of working life)14 Industry
or Business: None

15 Social Security No. None

16 BIRTHPLACE (City)
(State or country) Haverhill, Mass.17 NAME OF
FATHER Hubert Stone

18 BIRTHPLACE OF

FATHER (City)
(State or country) Boston, Mass.19 MAIDEN NAME Anita F. Casdan
OF MOTHER Antonette Casdan20 BIRTHPLACE OF
MOTHER (City)
(State or country) Haverhill, Mass.21 Informant Hubert Stone
(Address) 53 Washington St. NorthamptonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker, Northampton, X
(Signature of Agent of Board of Health or other)H.O. Apr. 20, 1953.
(Official Designation) (Date of Issue of Permit)

Supplemental

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. — Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Northrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 88

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas H. Cole
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 249 Shore Drive St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 21 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 4/8 1953 to 4/21 1953

I last saw h. alive on 4/21 1953, death is said to

have occurred on the date stated above, at 10 A m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute coronary occlusion

ANTECEDENT CAUSES (b) Arterio-sclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations hme

Date of operation Was autopsy performed?

What test confirmed diagnosis? Electro cardiograph

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) Dr. H. N. King

(Address) 222 Pleasant St. Northrop 4/23 1953 M. D.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 24 1953

7 NAME OF FUNERAL DIRECTOR Maurice H. Ruby

ADDRESS Northrop

Received and filed APR 28 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word) WIDOWED OR DIVORCED Married

10a If married, widowed or divorced HUSBAND of Ellen Carter (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Mechanic (Kind of work done during most of working life)

14 Industry or Business: Automobile

15 Social Security No. 03-67-2135

16 BIRTHPLACE (City) Birmingham (State or country) England

17 NAME OF FATHER Albert E. Cole

18 BIRTHPLACE OF FATHER (City) England (State or country)

19 MAIDEN NAME OF MOTHER (Unknown) Cattel

20 BIRTHPLACE OF MOTHER (City) England (State or country)

21 Informant (Address) Mrs. Thomas Cole 249 Shore Drive Northrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4-23-53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Falmouth

(City or town making return)

Registered No. 26

89

PLACE OF DEATH

Barnstable

(County)

Falmouth

(City or Town)



No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FRANCIS E. MARSH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 41 Bates Ave.

(Usual place of abode)

St. Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years 40 months 40 days. In place of residence 40 years 40 months 40 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 23, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Asphyxiation by Gas-Accidental

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury April 23 19 53

Where did injury occur? Seacoast Shores

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Cottage

(Specify type of place)

Manner of injury Inhalation of Gas

(How did injury occur?)

Nature of injury Gas flame put out

While at work? no Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Tripp M. D.

(Address) Falmouth, Mass Date 4/24 1953

7 Winthrop Winthrop

Place of Burial, or Cremation (City or Town)

DATE OF BURIAL April 27 1953

8 NAME OF FUNERAL DIRECTOR John F. O'Maley

ADDRESS Winthrop Mass

Received and filed MAY 8 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

11a If married, widowed or divorced HUSBAND of Mary E. Flynn
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 64 Years - Months - Days If under 24 hours Hours Minutes

14 Usual Occupation: Retired
(Kind of work done during most of working life)

15 Industry or Business: Boston Protective Co

16 Social Security No. -15-20-3230

17 BIRTHPLACE (City) Boston Mass
(State or country)

18 NAME OF FATHER William Marsh

19 BIRTHPLACE OF FATHER (City) - England
(State or country)

20 MAIDEN NAME OF MOTHER Catherine Murphy

21 BIRTHPLACE OF MOTHER (City) St. John
(State or country) Newfoundland

22 Informant Mary E. Flynn Marsh
(Address) 41 Bates Ave. Winthrop

A TRUE COPY ATTEST: Eunice M. Lawrence
(Registrar of City or Town where death occurred)

DATE FILED April 28 1953

RECEIVED



MAY-6 AM

PLACE OF DEATH

Barnstable

(County)

Falmouth

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Falmouth

(City or town making return)

Registered No. 25 90

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert W. Myers
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, WW I if so specify WAR)

(a) Residence. No. 316 Bowder St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 days. In place of residence 25 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 23, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Asphyxiation by inhalation of Gas
Accidental

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 19

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? no Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased no

If so, specify E.P. Tripp

(Signed) 4/24 M. D. 53

(Address) Falmouth Date 19

7 Place of Burial, or Cremation. Winthrop (City or Town)

DATE OF BURIAL April 27 19 53

8 NAME OF FUNERAL DIRECTOR Maurice Kirby,

ADDRESS 210 Winthrop St. Winthrop

Received and filed MAY 6 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married

11a If married, widowed, or divorced HUSBAND of Winifred J. Bruce
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 65 Years - Months - Days If under 24 hours Hours Minutes

14 Usual Occupation: Steam fitter
(Kind of work done during most of working life)

15 Industry or Business: Bldg. Trade

16 Social Security No.

17 BIRTHPLACE (City) (State or country) Germany

18 NAME OF FATHER (Cannot be learned)

19 BIRTHPLACE OF FATHER (City) (State or country) Germany

20 MAIDEN NAME OF MOTHER Winilemina (Cannot be learned)

21 BIRTHPLACE OF MOTHER (City) (State or country) Germany

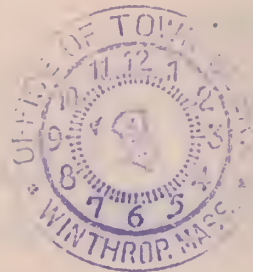
22 Informant (Address) Mrs. Winifred J. Myers 316 Bowder St. Winthrop

A TRUE COPY ATTEST: (Registrar of City or Town where death occurred)

DATE FILED April 24 19 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



MAY-6 AM

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

91



PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Sheila Curran

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 90 Loring Rd. Winthrop.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 3 years 5 months 20 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April - 24 - 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Multiple contusions, lacerations
crush of chest & abdomen
Internal injuries

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury Apr - 24 - 1953

Where did

injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place?

(Specify type of place)

Manner of injury Injured by an auto at Winthrop

(How did injury occur?)

Nature of injury Apr-24-1953 Pedestrian

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm J. Brickley M. D.

(Address) Boston Date - 24 - 1953

7 Winthrop Winthrop

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL April 27 1953

8 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed APR 27 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

11a If married, widowed, or divorced

HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of. (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 3 Years 5 Months 20 Days If under 24 hours
Hours Minutes14 Usual Occupation: None
(Kind of work done during most of working life)15 Industry
or Business:16 Social Security No. None
Winthrop17 BIRTHPLACE (City) Mass
(State or country)

18 NAME OF FATHER John Curran

19 BIRTHPLACE OF FATHER (City) Somerville
(State or country) Mass

20 MAIDEN NAME OF MOTHER Elinor Flynn

21 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass22 Informant John Curran
(Address) 90 Loring Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4-28-53

N. B. If the cause of death is not clearly stated, MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter ten of chapter forty-six, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Call Doc. Shavelson

REVERSE - REV- 8-0680

7-25-77
The B. J. & T. Co.

Consent T. J. J. by Phil - 2



R-301A

PLACE OF DEATH

Winthrop Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

92

Registered No.

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution
{ give its NAME instead of street and number)2 FULL NAME. Alberta (Skaling) Rolfe
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 111 Locust Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 10 days. In place of residence 12 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 24 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 2 1953 to April 24 1953
I last saw him alive on 19 death is said tohave occurred on the date stated above, at 7:25 A.M.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Brain HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT CAUSES Due To (b) Arteriosclerosis
10 yearsDue To (c) Hypertension
10 years

OTHER SIGNIFICANT CONDITIONS no

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? stethoscope

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Woodlawn

Everett

Place of Burial or Cremation

April 27

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed. APR 27 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William R Rolfe

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 5 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. 019-14-6791

16 BIRTHPLACE (City) Kemp Shore
(State or country) Nova Scotia

17 NAME OF FATHER Micheal Skaling

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Rachel Smith

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Agnes Toulson
(Address) 111 Locust St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Official Designation)

(Date of Issue of Permit)

50M (B)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, (Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46 (G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any injury.

(2) **Boards of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 39 Grovers Ave.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

93

To be filed for burial permit
with Board of Health
or its Agent.St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William Connor

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

39 Grovers Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 9 months days. In place of residence years 9 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 25 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 1938, to April 25 1953

I last saw him alive on April 24 1953 death is said to

have occurred on the date stated above, at 5 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Myocarditis

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 wk

ANTE Due To
CEDENT (b) Acute Nephritis
CAUSES

1 wk

Due To
(c)OTHER
SIGNIFICANT CONDITIONS SenilityMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John T. Salerno

(Address) 101 Pleasant St. Date April 25 1953

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 27 1953

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed APR 27 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Wid owed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Alice S. Burt
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 4 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Superintendent
(Kind of work done during most of working life)

14 Industry or Business: Lithograph Co.

15 Social Security No. None

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Hamilton Connor

18 BIRTHPLACE OF

FATHER (City) Ireland
(State or country)

19 MAIDEN NAME

OF MOTHER Ann McCoy

20 BIRTHPLACE OF

MOTHER (City) Ireland
(State or country)21 Informant: Wilbert Connor
(Address) 49 Fisher Rd. ArlingtonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Board of Health or other)
HO. (Official Designation) 4/27/53 (Date of Issue of Permit)

50M-2-19-25666

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as a case supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, had without recent medical attendance or whose physician is absent from the town when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, ashenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causetions contrib-
death but not
he disease or
causing death.

50M-2-19-25666



The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

94

PLACE OF DEATH

1

(County)

Winthrop

(City or Town)

No. 134 Hawthorne Ave. MAYFLOWER NURSING HOME (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Samuel ALBERT
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 34 Hawthorne Ave., St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death 10 years 10 months 10 days. In place of residence 36 years 36 months 36 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 27, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 8, 1953, to April 27, 1953I last saw him alive on April 27, 1953 death is said tohave occurred on the date stated above, at 1:15 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH10 daysANTE Due To Cerebral Arterio-
CEDENT (b) sclerosis

CAUSES

Due To

(c)

2 yrsOTHER
SIGNIFICANT
CONDITIONS noneMajor findings:
Of operations noneDate of operation none Was autopsy performed? noWhat test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? noIf so, specify Charles Liberman M. D.(Signed) 238 Shore Drive Date 4/27/1953(Address) 238 Shore Drive Date 4/27/19536 Netherland Society, Melrose
Place of Burial or Cremation (City or Town)DATE OF BURIAL April 29, 1953 197 NAME OF FUNERAL DIRECTOR B. E. Montague & SonsADDRESS 1272 Blue Hill Ave., Matt.Received and filed APR 28 1953 10

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Rose MYERS
(Give maiden name of wife in full)(or) WIFE of none
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 80 Months 80 Days 80
If under 24 hours
Hours Minutes13 Usual Occupation: Salesman
(Kind of work done during most of working life)14 Industry or Business: Hardware Business15 Social Security No. none16 BIRTHPLACE (City) Russia
(State or country)17 NAME OF FATHER c.n.b.l. Albert18 BIRTHPLACE OF FATHER (City) Russia
(State or country)19 MAIDEN NAME OF MOTHER c.n.b.l.20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Julia Levenson
(Address) 233 River Rd., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) Health Officer
(Date of Issue of Permit) 4-28-53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by any other disease, or when any person is found dead. . . — General Laws, Chap. 114, Sec. 46, as amended by Chap. 632, Sec. 4, Acts of 1945.

Other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

95

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mary E Mambuca

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
also specify WAR)

(a) Residence. No.

(Usual place of abode)

654 Saratoga

St.

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 12 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHApril 27 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 1949, to April 26 1953

I last saw him alive on April 26 1953, death is said to

have occurred on the date stated above, at 10 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Rheumatic Heart
Disease Stage IVANTE
CEDENT
CAUSES(b) Corbion of the Liver
(c) ascitesWITN
Due To
(c)

PYELO

OTHER
SIGNIFICANT
CONDITIONS
GlycosuriaMajor findings:
Of operations.

Date of operation. Was autopsy performed? -

What test confirmed diagnosis? X-Ray - Lab.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles J. Treanor M. D.

(Address) 48 Treanor St. East Boston April 28 1953

6 Holy Cross

Place of Burial or Cremation

DATE OF BURIAL

April 30 1953

7 NAME OF
FUNERAL DIRECTOR

Charles H. Treanor

ADDRESS

East Boston

Received and filed

APR 30 1953

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F.

9 COLOR OR RACE

W.

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Nicholas Mambuca

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 42 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housework HOUSEWIFE

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

029-05-4747

16 BIRTHPLACE (City)

(State or country) Boston, Mass

17 NAME OF

FATHER

Joseph Di Vingo

18 BIRTHPLACE OF

FATHER (City)

(State or country) Italy

19 MAIDEN NAME

OF MOTHER

Josephine Arena

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Italy

21

Informant

(Address)

Nicholas Mambuca

654 Saratoga St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/27/53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. 96

PLACE OF DEATH

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME J (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 235 Washington Ave. St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 55 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
h.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 death is said to have occurred on the date stated above, at 7:19 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

M. D. 19

6 Place of Burial or Cremation Calvary Boston (City or Town)

DATE OF BURIAL May 1, 1953 19

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed APR 29 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed or divorced HUSBAND of Mary Keefe (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Retired (Kind of work done during most of working life)

14 Industry or Business: Wine Merchant

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Ireland

17 NAME OF FATHER Daniel

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Ann Regan

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Infant (Address) Harrison Bergin 26 Crystal St Elmont N.Y.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 4.29.53 (Date of Issue of Permit)

SOM-5-52-907046

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body, or remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

104 Highland Ave.

Katherine A (Smith) McLeod

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

19 Lewis Ave.

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ure, ashenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
ie disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

97

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 1947, to Apr 29, 1953

I last saw him alive on Apr 29, 1953, death is said to

have occurred on the date stated above, at 108 A. M.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PneumoniaANTE CEDENT
CAUSES

Due To

(b)

(c)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? hsm

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL

May 2

1953

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed MAY 1 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Crofton McLeod

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

81

1

26

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

South Brookfield

Nova Scotia

17 NAME OF

FATHER

Joshiah Smith

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Fraser

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

21

Informant

(Address)

Robert McLeod

19 Lewis Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to injury.

(2) **Health Physicians** will certify to such deaths only as those of persons who have been disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably from injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

Suffolk

(County)

Cholsea

(City or Town)

No. Cholsea Memorial Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Cholsea

(City or town making return)

209 98

Registered No.

COPY OF

CERTIFICATE OF DEATH

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maria Adelaide Rose
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 124 Hornon St. Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death - 1 years - 1 months - 10 days. In place of residence - 10 years - 1 months - 10 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Apr. 6, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1953 to Apr. 6, 1953
I last saw her alive on Apr. 6, 1953, death is said to

have occurred on the date stated above, at 10:15 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinoma of pancreas

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: as above
Of operations: 3/20/53

Date of operation: 3/20/53 Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Paul Torreggiani M. D.
(Address) 20 Cary Ave. Chel. Date 4/6/53 19

6 Place of Burial or Cremation Holy Cross, Malden, Mass. (City or Town)

DATE OF BURIAL Apr. 9, 1953 19

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 517 Dennington St. Boston

Received and filed MAY 13 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED Widowed or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Alexander

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 0 Months 17 Days If under 24 hours Hours Minutes

13 Usual Occupation: At home (Kind of work done during most of working life)

14 Industry or Business: housewife 688-10-93428

15 Social Security No. 16 BIRTHPLACE (City) Lisbon, Portugal (State or country)

17 NAME OF FATHER Joseph Pratus

18 BIRTHPLACE OF FATHER (City) Portugal (State or country)

19 MAIDEN NAME OF MOTHER Gloria M. Souza

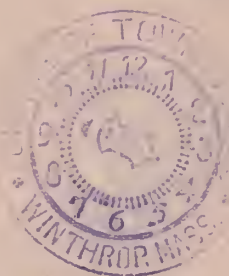
20 BIRTHPLACE OF MOTHER (City) Portugal (State or country)

21 Informant George Rose - son (Address) 124 Hornon St. Winthrop, Mass.

A TRUE COPY. Joseph A. Tyrrell (Registrar of City or Town where death occurred)

DATE FILED Apr. 7, 1953 19

RECEIVED



MAY 13 AM

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

Mass Memorial Hospitals

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 3449 99

2 FULL NAME ROSANNA NICHOLS
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 15 Dolphin St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....1 months.....19 days. In place of residence 15 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 9 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
2/21 19..... to 4/9 19..... 53I last saw h. or alive on 4/9 53, death is said to
have occurred on the date stated above, at 5:55p. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Bacteremia Aerogenes 2wksINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES Due To Abscess in peritoneum
(b) & thrombocytopenia 2wks.Due To Decubitus Ulcers
(c) hemorrhagic-gastritis 4wks.OTHER SIGNIFICANT CONDITIONS Intertrochanteric frac-
ture rt. hip
Diabetes mellitusMajor findings: Nailing fracture rt. hip
Of operations:

Date of operation: 2/24/53 Was autopsy performed? yes

What test confirmed diagnosis? clin-autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify P Bonnet

(Signed) MMH M. D. Date 4/10 1953

(Address) St. Joseph's Cem Amesbury, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Apr 13 53

7 NAME OF FUNERAL DIRECTOR E Jutras

ADDRESS Amesbury, Mass.

Received and filed MAY 11 1953 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED widow10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of Celestin Nichols
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 8 Months 12 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. - - -

16 BIRTHPLACE (City) Canada
(State or country)

17 NAME OF FATHER Joseph H Renault

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER -unknown-

20 BIRTHPLACE OF MOTHER (City) "" ""
(State or country)21 Informant: N Nichols
(Address)

A TRUE COPY

ATTEST: [Signature] (Registrar of City or Town where death occurred)

DATE FILED Apr 13 53 19.....

R Ford-Med.Exam.-4-15-53

25M-(B)-11-51-905807

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



MAY 11 AM

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 100 3935

No. New England Deaconess Hospt.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Esther E Phinney
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR.)
Wintthrop Mass.(a) Residence. No. 224 Bowdoin St
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 11 days. In place of residence 29 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 22/53
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 11 19 53, to April 22 19 53I last saw h. ~~fr~~ alive on April 22, 19 53 death is said to
have occurred on the date stated above, at 10:18A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral thrombosis 15 Days

ANTE Due To Cerebral arterio
CEDENT (b) sclerosis 3 Yrs
CAUSESDue To
(c)

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus 11 Yrs

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E C Miller Jr. M. D.

(Address) New Eng. Deaconess Hospt. 4-22-53

6 Place of Burial or Cremation Pine Grove Cem. Wintthrop Mass.

DATE OF BURIAL April 25/53 19

7 NAME OF FUNERAL DIRECTOR J S Waterman & Sons
Boston Mass.

ADDRESS

Received and filed MAY 18 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Frank B Phinney
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 3 Months 4 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None
Lynn Mass.16 BIRTHPLACE (City) Lynn Mass.
(State or country)

17 NAME OF FATHER Charles R Churchill

18 BIRTHPLACE OF FATHER (City) Woodstock N.B.
(State or country)

19 MAIDEN NAME OF MOTHER Julia Marra

20 BIRTHPLACE OF MOTHER (City) Canton Mass.
(State or country)21 Informant Ruth Phinney Daughter
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED April 27/53 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

RECEIVED



MAY 18 AM

Copies of returns of deaths which occurred in your city or town in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-305

25m-(c)-11-49-900.475

1 PLACE OF DEATH

SUPFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston
(City or town making return)
Registered No. 4217 101

No. 60 Waldemar Ave. E.B. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Angelo Paci
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, WWII if so specify WAR)

(a) Residence. No. 60 Waldemar Ave. E.B. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 30, 1953
(Month) (Day) (Year)
4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
bullet wound thru brain
external & internal hemorrhage
for investigation (UNDER INVESTIGATION)

5 Accident, suicide, or homicide (specify)
Date and hour of injury.....19
Where did injury occur?.....
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place?
found shot in his own bed
(Specify type of place)
Manner of injury.....
(How did injury occur?)
Nature of injury.....
While at work?..... Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) W. J. Brickley M. D.
(Address) Boston 4-30-53
(Date) 19

7 Place of Burial, or Cremation. Winthrop Cem. Winthrop
(City or Town)
DATE OF BURIAL May 4, 1953

8 NAME OF FUNERAL DIRECTOR William E. Peni
ADDRESS 971 Saratoga St. E.B.

Received and filed MAY 19 1953
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married
11a If married, widowed or divorced HUSBAND of Josephine Rais
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.
13 AGE 38 Years.....Months.....Days If under 24 hours
.....Hours.....Minutes

14 Usual Occupation shoe maker
(Kind of work done during most of working life)

15 Industry or Business

16 Social Security No.

17 BIRTHPLACE (City) Italy
(State or country)

18 NAME OF FATHER Domenic Paci

19 BIRTHPLACE OF FATHER (City) Italy
(State or country)

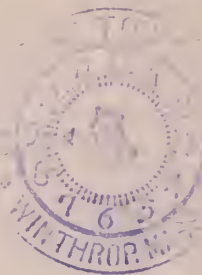
20 MAIDEN NAME OF MOTHER Eliz. Dohale

21 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

22 Informant: Mina Paci
(Address) 18 Paine St. Winthrop-sister

A TRUE COPY.
ATTEST: May 5, 1953
(Registrar of City or Town where death occurred)
Charles H. Mackie
DATE FILED 19

RECEIVED



MAY 19 PM

VETERANS INFO:-

NOT KNOWN WILL MAIL

RECEIVED



MAY 18 AM

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **1202103**No. **Beth Israel Hospt.** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **Nellie M. Paul**
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. **125 Cliff Ave.**
(Usual place of abode)St. **Winthrop Mass.**
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months **19** days. In place of residence.....**71** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **May 2/53**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 13 19 53 to **May 2 19 53**I last saw h.....alive on **May 2 19 53**, death is said to
have occurred on the date stated above, at **5:05A** m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Myocardial****infarct**INTERVAL BE-
TWEEN ONSET
AND DEATH

Days

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS**Castro intestinal**
bleeding

Days

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **H Greenbaum** M. D.
(Address) **Beth Israel Hospt** Date **5-2 19 53**6 **Forest Hills Boston Mass.**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **May 5/53** 19.....7 NAME OF FUNERAL DIRECTOR **R J Belyea**
Dorchester Mass.
ADDRESS **MAY 18 1953**

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F** 9 COLOR OR RACE **W** 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **77** Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: **Retired Milliner**
(Kind of work done during most of working life)14 Industry
or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City) **Brookline M ss.**
(State or country)17 NAME OF FATHER **Shubael M Paul**18 BIRTHPLACE OF FATHER (City) **Solon Maine**
(State or country)19 MAIDEN NAME OF MOTHER **Flora A Kincaid**20 BIRTHPLACE OF MOTHER (City) **East Madison Maine**
(State or country)21 Informant.....
(Address) **G. E. B. Paul Jr.**

A TRUE COPY

ATTEST: **Charles H. Inackie**
(Registrar of City or Town where death occurred)DATE FILED **May 5/53** 19.....

RECEIVED



MAY 18

AM

R-301A

CTIONS
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DEATHenter
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100M-(D)-10-46-24858

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 104

1 No. 3 Pauline (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME Donald Raymond Perez (If deceased is a married, widowed or divorced woman, give also maiden name.) PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 3 Pauline (Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death. 3 years - months - days. In place of residence 3 years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 4, 1953 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 3, 1953, to May 4, 1953

I last saw him alive on May 3, 1953, death is said to have occurred on the date stated above, at 12 45 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Corneal
ThrombosisINTERVAL
BETWEEN
ONSET
AND DEATH
24 hrsANTECEDENT CAUSES Due To (b) Corneal
Heart DiseaseDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? Privately - Dr. Gary

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

186 Princeton St

Date 5-7-53

19

6 Winthrop Cemetery, Winthrop (City or Town)

DATE OF BURIAL May 8, 1953

7 NAME OF FUNERAL DIRECTOR Charles Bruno & Son

ADDRESS 14 Proctor Ave, Revere, Mass

Received and filed MAY 7 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Clarinda C. Dallo (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 33 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Longshoremen (Kind of work done during most of working life)

14 Industry or Business

15 Social Security No. 012-16-9840

16 BIRTHPLACE (City) Halifax Canada (State or country)

17 NAME OF FATHER Emanuel Perez

18 BIRTHPLACE OF FATHER (City) Spain (State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Canada (State or country)

21 Informant Clarinda C. Perez (Address) 3 Pauline St, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Theable Office (Official Designation) 5-7-53 (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

IONS

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(a) stating
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disease or
ing death.

100M.(D).10-48-24656

PLACE OF DEATH

Suffolk
Winthrop
(County)
(City or Town)

No.

(City or Town)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death years months 3 days. In place of residence 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 5, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
FEB 4, 1953, to MAY 5, 1953

I last saw him alive on MAY 5, 1953, death is said to

have occurred on the date stated above, at 4:14 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) ACUTE CORONARY
THROMBOSIS

ANTECEDENT CAUSES

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.

Date of operation.

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6 Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed.

MAY 8 1953

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 105

To be filed for burial permit
with Board of Health
or its Agent.{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)St. Revere, Mass.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Anna Mc Cormack
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Carpenter
(Kind of work done during most of working life)

14 Industry or Business: Wooden Box Construction

15 Social Security No. 16 BIRTHPLACE (City)
(State or country) Nova Scotia

17 NAME OF FATHER Henry Harvey

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Hannah Harvey

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia21 Informant (Address) My Althea Donoghue
50 Chester Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)
(Official Designation)

(Date of Issue of Permit) 5. 4. 53

West Gurdy 46. N. E. 47.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 44, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. They include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1317

106

No. Mass. General Hospt.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charlotte Dowling

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 55 Moore St

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month) May 6/53 (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 5, 1953, to May 6, 1953

I last saw her alive on May 6, 1953, death is said to

have occurred on the date stated above, at 1:56 p.m.

DISEASE OR CONDITION DIRECTLY LEADING

TO DEATH (a) Ruptured esophageal varix

INTERVAL BETWEEN ONSET AND DEATH

36 Hrs

ANTE CEDENT CAUSES

Due To

(b)

Laennec's cirrhosis 8 Mos.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

None

Date of operation Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Lezer M. D. Date 5-7-53

(Address) Mass. General Hospt

6 Place of Burial Winthrop Cem - Winthrop (City or Town)

DATE OF BURIAL May 9/53

7 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass.

Received and filed MAY 22 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Robert J Dowling

11 IF STILLBORN, enter that fact here.

12 AGE 43 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Own Home

16 BIRTHPLACE (City) Presque Isle Maine (State or country)

17 NAME OF FATHER Angus Wilson

18 BIRTHPLACE OF FATHER (City) Canada (State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Cannot be learned (State or country)

21 Informant (Address) E J Dowling

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 11/53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



MAY 22

AM

M R-302

PLACE OF DEATH

SUFFOLK

BOSTON

(City or Town)



EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 4434 107

No. Beth Israel Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Rudzin, or Harry Rudginsky

(If deceased is a married, widowed or divorced woman, give also maiden name)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 29 Ocean Ave

(Usual place of abode)

St. Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death 8 hrs In place of residence 40 years

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 7, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from May 7, 19 53, to May 7, 19 53

I last saw him alive on May 7, 1953 death is said to

have occurred on the date stated above, at 11:35p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTE CEDENT CAUSES (b) Coronary artery disease

Due To (c)

5 yrs

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address) S. I. Katz 330 Brookline Av Date 5/7 1953

6 Tivertith Israel of Winthrop Everett Mass

DATE OF BURIAL

May 10 1953

7 NAME OF FUNERAL DIRECTOR B. Birnbach

ADDRESS Boston Mass

Received and filed MAY 25 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Salesman (Kind of work done during most of working life)

14 Industry or Business Tires

15 Social Security No.

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Samuel Rudginsky

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER Goldie --

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant Miriam Korins (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 12 19 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

RECEIVED



MAY 25

AM

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. **111108**No. **Mass. General Hosp.**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **George Thurston**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. **23 Tewksbury**
(Usual place of abode)St. **Winthrop Mass.**
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months **28** days. In place of residence **37** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **May 8/53**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from **April 10 1953** to **May 8 1953**I last saw him alive on **May 8 1953** death is said to have occurred on the date stated above, at **3:31 A.M.**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Bronchio pneumonia**

INTERVAL BETWEEN ONSET AND DEATH

Few Days 12 **97** Years **4** Months **8** Days If under 24 hours Hours Minutes

ANTE CEDENT CAUSES

Due To (b) **Coronary occlusion**Due To (c) **Coronary arteriosclerosis** Old and recent **Yrs**OTHER SIGNIFICANT CONDITIONS **Cholelithiasis** **Yrs**
duodenal diverticulum **Yrs**Major findings: Of operations **None**Date of operation **None** Was autopsy performed? **Yes**What test confirmed diagnosis? **autopsy**

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **C. L. Clay** M. D. **5-8 1953**
(Address) **Mass. General Hosp.**6 **Winthrop Cem Winthrop Mass.**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **May 11/53** 197 NAME OF FUNERAL DIRECTOR **H S Reynolds**
ADDRESS **Winthrop Mass.**Received and filed **MAY 22 1953** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR OR RACE **W** 10 SINGLE (write the word) **MARRIED**
or WIDOWED or DIVORCED10a If married, widowed, or divorced HUSBAND of **Mabel Johnson**
(Give maiden name of wife in full)(or) WIFE of **(Husband's name in full)**

11 IF STILLBORN, enter that fact here.

12 **97** Years **4** Months **8** Days If under 24 hours Hours Minutes13 Usual Occupation: **Broker**
(Kind of work done during most of working life)14 Industry or Business: **Real Estate**15 Social Security No. **034-18-3017**16 BIRTHPLACE (City) **Uxbridge Mass.**
(State or country)17 NAME OF FATHER **George Thurston**18 BIRTHPLACE OF FATHER (City) **Maine**
(State or country)19 MAIDEN NAME OF MOTHER **Eliza Dutton**20 BIRTHPLACE OF MOTHER (City) **Maine**
(State or country)21 Informant (Address) **Mabel Thurston**

A TRUE COPY

ATTEST: **Charles H. Mackie**
(Registrar of City or Town where death occurred)DATE FILED **May 11/53** 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



MAY 22 AM

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 4519

109

No. Peter Bent Brigham Hosp

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Blanchard
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No.
(Usual place of abode)

97 Washington Ave

St.

Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death years months 6 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

May 9, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 3, 1953 to May 9, 1953

I last saw her alive on May 9, 1953 death is said to

have occurred on the date stated above, at 8:40p m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Acute anterior
septal myocardial
infarction with rupture
into pericardial space and
hemopericardiumANTE
CEDENT (b)
CAUSES

Hypertension

1 wk

5 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSCongestion liver, lungs
spleen small bowel termMajor findings:
Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. M. Cass M. D.
(Address) P. Bent Brig Hosp Date 5/10 19536 Winthrop Cem Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 13 1953

7 NAME OF
FUNERAL DIRECTOR W. M. Kirby

ADDRESS Winthrop Mass

Received and filed MAY 25 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George A. Blanchard

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 59

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Home

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Malden Mass
(State or country)17 NAME OF
FATHER

William P Powers

18 BIRTHPLACE OF

FATHER (City)

Conn.

(State or country)

19 MAIDEN NAME

OF MOTHER

Annie Clancey

20 BIRTHPLACE OF

MOTHER (City)

England

(State or country)

21

Informant
(Address)

Mrs M Donnelly

A TRUE COPY

ATTEST

Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED

May 14, 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



MAY 25 AM

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Mayflower Rest Home

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 110

2 FULL NAME Pasqualina Lopilato
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 283 Lexington
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence 2 years months days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying, such
ure, ashtenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May - 13 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 1 1953 to May 13 1953
I last saw her alive on May 12 1953 death is said to

have occurred on the date stated above, at 4:30 p. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Hypertension heart
diseaseINTERVAL BE-
TWEEN ONSET
AND DEATH

2

ANTE Due To Cardiac decompensation
CEDENT (b) Sation
CAUSESDue To Diabetes mellitus
(c) MELLITUSOTHER
SIGNIFICANT
CONDITIONS

chronic nephritis

2

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? Physical exam

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) S. S. Valchajian, M. D.
(Address) 5 Adams St. Boston, Date 5.15.19536 St. Michaels Boston
(City or Town)

DATE OF BURIAL May 16 1953 19

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East Boston

Received and filed MAY 15 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
FEMALE White MARRIED widowed
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of(Give maiden name of wife in full)
(or) WIFE of Sabastiano Lopilato
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 5 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: House Wife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Anthony Lopilato (same)

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Concetta Pasatutto

20 BIRTHPLACE OF MOTHER (City) Italy Italy
(State or country)21 Informant Helen Quigley
(Address) 283 Lexington St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Valchajian
(Signature of Agent of Board of Health or other)
Health Officer 5/15/53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 111

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Louise G. Noble (Grady) (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence. No. 33 Circuit Road St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 13 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from June 9 1951 to May 13 1953

I last saw her alive on May 13 1953, death is said to

have occurred on the date stated above, at 8:22 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary
OcclusionINTERVAL BE-
TWEEN ONSET
AND DEATH
4 daysANTE CEDENT CAUSES Due To Hypertension
(b) Heart DiseaseDue To Hypertension
(c)

OTHER SIGNIFICANT CONDITIONS Left Side Hemiplegia

Major findings: No

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. J. Collins

(Address) Lever Mo. Date 13 May 1953

6 Woodlawn Cemetery Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 15 1953

7 NAME OF FUNERAL DIRECTOR Alice M. Kelly

ADDRESS 11 Meridian St. East Boston

Received and filed May 14, 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Arthur H. Noble
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 4 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. none

16 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

17 NAME OF FATHER Edmund T. Grady

18 BIRTHPLACE OF FATHER (City) Burlington, Vermont
(State or country)

19 MAIDEN NAME OF MOTHER Margaret E. Kerr

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts21 Informant Mrs. Alice Mulcahy
(Address) 33 Circuit Road, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5.14.53

PLACE OF DEATH

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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for each
(b) and (c)does not mean
of dying, such
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using death.

50M-2-19-25666

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical agents or poisons, thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)Does not mean
of dying, such
ure, asthenia,
ms the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

112

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Allister M. Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 89 Bowdoin St. middle name is MANSFIELD
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 18 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 13, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 8, 1953, to May 13, 1953I last saw him alive on May 13, 1953, death is said to
have occurred on the date stated above, at 8:00 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Reticulum Cell Sarcoma

INTERVAL BE-
TWEEN ONSET
AND DEATH

64 days

ANTE CEDENT
CAUSES

Due To (b) Arterio sclerosis

Due To
(c)about
10 yearsOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations None

Date of operation None Was autopsy performed? No

What test confirmed diagnosis? Biopsy - March 10, 1953

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sarah A. Dickinson M.D.
(Address) Winthrop Date May 13, 19536 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 16, 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed MAY 15 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Carrie Augusta Smith
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 6 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired shipper
(Kind of work done during most of working life)

14 Industry or Business wholesale confectionary co.

15 Social Security No. 029-10-4792

16 BIRTHPLACE (City) Port Saxon
(State or country) Nova Scotia

17 NAME OF FATHER Harvey Shepard Smith

18 BIRTHPLACE OF FATHER (City) Port Saxon
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Margaret Perry

20 BIRTHPLACE OF MOTHER (City) Port Saxon
(State or country) Nova Scotia21 Informant Miss Hasel M. Smith
(Address) 89 Bowdoin St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

113

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 104 Highland Ave. (Mount's Convalescent Home) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George M.C. Mackinnon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No.(a) Residence. No. 134 Crescent Ave.,
(Usual place of abode)St. Revere
(If nonresident, give city or town and State)

Length of stay: In place of death years months 15 days. In place of residence 55 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 15 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 24, 1953, to May 15, 1953
I last saw him alive on May 15, 1953, death is said to
have occurred on the date stated above, at 8:35 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

4 wks

ANTE Due To Cerebral arteriosclerosis
CEDENT (b) Generalized arteriosclerosis
CAUSES

10 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) Joseph J. Galimberti M. D.
(Address) 200 Prescott Ave. Date May 16 19536 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 18, 1953 19

7 NAME OF FUNERAL DIRECTOR Michael J. Conella
ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed MAY 18 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Loretta A. LaPointe
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: Production Supt. Hersey Co.

15 Social Security No. 022-09-7234

16 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia

17 NAME OF FATHER Hiram Mackinnon

18 BIRTHPLACE OF FATHER (City) Halifax
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Anna M. Dunham

20 BIRTHPLACE OF MOTHER (City) Halifax
(State or country) Nova Scotia21 Informant Mrs. Loretta Mackinnon
(Address) 134 Crescent Ave., Revere, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 6/15/53

ATTACHMENT

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ure, asthenia,
ns the disease,
ations which
h.d conditions.
ng rise to the
(a) stating
lying causeions contrib-
death but not
e disease or
causing death.

50M-2-19-25666

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No. (Usual place of abode)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 18, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from August 1952 to May 18, 1953
I last saw her alive on May 17, 1953, death is said to

have occurred on the date stated above, at 3:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cancer of UterusINTERVAL BE-
TWEEN ONSET
AND DEATH
9 mos.ANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Cancer of uterus, carcinoma
Of operations: Oct. 1952

Date of operation: Was autopsy performed? no

What test confirmed diagnosis? Clinical, pathological.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Lieberman M. D.

(Address) 238 Shore Drive, Woburn, Mass. 5/18/1953

6 Place of Burial or Cremation Beth Jacob (City or Town) Woburn

DATE OF BURIAL May 18, 1953

7 NAME OF FUNERAL DIRECTOR Paul W. Levine

ADDRESS 470 Harvard St. Brookline

Received and filed MAY 18 1953

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 111

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of(or) WIFE of Samuel Halsey (Give maiden name of wife in full)
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Samuel Budginsky

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Goldie Senusta

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Charles R. Budginsky
(Address) 137 Comm. Ave. NewtonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/18/53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Worcester
(County)Westborough
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Westborough

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 121115

No. Westborough State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Abraham Katz (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 7 Beach Rd., St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 6 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 18, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 12, 1953, to May 18, 1953

I last saw him alive on May 18, 1953, death is said to have occurred on the date stated above, at 1:30 p. m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Congestive
Heart FailureANTE CEDENT CAUSES Due To Generalized
(b) ArteriosclerosisDue To
(c)

OTHER SIGNIFICANT CONDITIONS Psychosis

Major findings:
Of operations
Date of operation None Was autopsy performed? None
What test confirmed diagnosis? Clinical Findings5 Was disease or injury in any way related to occupation of deceased?..
If so, specify Donald P. Hickey
(Signed) Westboro, Mass. Date 5/18, 1953 M D
(Address)6 Tifereth Israel of Winthrop, Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 19, 1953

7 NAME OF FUNERAL DIRECTOR Erwin L. Levine
ADDRESS 470 Harvard St., Brookline

Received and filed June 10, 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Waiter (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER cannot be learned

18 BIRTHPLACE OF FATHER (City) cannot be learned
(State or country) Russia

19 MAIDEN NAME OF MOTHER cannot be learned

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)Informant Westborough State
(Address) Hospital records

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 8, 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(e)-10-48-24658

RECEIVED



JUN 10

PM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(c)-11-49-900.475

R-305

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

818 Harr is on Ave.

No. John T Benson

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

32 Francis

(a) Residence. No. (Usual place of abode)

40

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 4768116

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR) Wintrop Mass.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 19/53
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary occlusion
diabetes mellitus
while at work

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Richard Ford
(Address) Wintrop Cem-Wintrop Mass.

7 DATE OF BURIAL May 22/53 (City or Town)

Place of Burial, or Cremation

8 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Wintrop Mass.

Received and filed JUN 1 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word) MARRIED Married
WIDOWED
or DIVORCED

11a If married, widowed, or divorced HUSBAND of Beatrice Palliser
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 52 AGE Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Sta. Engineer
(Kind of work done during most of working life)

15 Industry or Business Boston Safe Deposit Tr.

16 Social Security No. 010-12-3037

17 BIRTHPLACE (City) Somerville Mass.
(State or country)

18 NAME OF FATHER Thomas Benson

19 BIRTHPLACE OF FATHER (City) England
(State or country)

20 MAIDEN NAME OF MOTHER Sarah Clark

21 BIRTHPLACE OF MOTHER (City) Quincy Mass.
(State or country)

22 Informant Wife
(Address)

A TRUE COPY Charles A. Mack
ATTEST: (Registrar of City or Town where death occurred)

May 25/53
DATE FILED 19

RECEIVED



JUN-1 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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lying cause

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death but not
he disease or
causing death.

PLACE OF DEATH

1

Suffolk
(County)

Wentworth
(City or Town)

No. *Wentworth*

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHRegistered No. *117*

To be filed for burial permit
with Board of Health
or its Agent.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Michael De Orio*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. *7 Davis St*
(Usual place of abode)

St. *Everett*
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence *40* years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *MAY 19 1953*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan - 1951 to *May 19 1953*

I last saw h. *alive* on *MAY 19 1953*, death is said to

have occurred on the date stated above, at *1 PM* m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Crown Thrombosis*

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 days

ANTE Due To *Myocardium*
CEDENT (b) *3 yrs.*

Due To *Arterio sclerosis*
(c) *5 yrs.*

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *Walter L. Baker*

M. D.

(Address) *305 Davis St*

Date *19 MAY 1953*

6 *Wentworth*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *May 22/53* 19

7 NAME OF FUNERAL DIRECTOR *Salvatore Rocco, Sns*
ADDRESS *Everett*

Received and filed *21 1953* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *male* 9 COLOR OR RACE *white* 10 SINGLE (write the word)
MARRIED
WIDOWED *married*
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of *Rose Roberto*
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *70* Years.....Months.....Days If under 24 hours
Hours.....Minutes

13 Usual Occupation: *retired*
(Kind of work done during most of working life)

14 Industry or Business: *laborer*

15 Social Security No. *none*

16 BIRTHPLACE (City).....
(State or country) *Italy*

17 NAME OF FATHER *not established*

18 BIRTHPLACE OF FATHER (City).....
(State or country) *Italy*

19 MAIDEN NAME OF MOTHER *not established*

20 BIRTHPLACE OF MOTHER (City).....
(State or country) *Italy*

21 Informant *Michael De Orio son*
(Address) *7 Davis St Everett*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *5/21/53* (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons who they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 118

No. 100 Quincy Ave.

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Abigail (Chamberlain) Curtis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 100 Quincy Ave.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 22 years months days. In place of residence 22 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 21 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 19 51, to May 21, 1953I last saw her alive on May 20, 1953, death is said to
have occurred on the date stated above, at 10:00 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

10 days

ANTE DUE TO
CEDENT (b) Arterio sclerosis
CAUSES

15 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS noneMajor findings:
Of operations. Abou

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Charles Liberman M. D.
(Address) 238 Shaw Drive Date 5/21/19536 Mount Wollastow Cemetery, Quincy
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 23, 1953 19

7 NAME OF FUNERAL DIRECTOR Robert E. Martin
ADDRESS 19 Cottage Ave., Quincy

Received and filed MAY 22 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Noah Curtis
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 7 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Quincy
(State or country) Mass.

17 NAME OF FATHER John Chamberlin

18 BIRTHPLACE OF FATHER (City) Quincy
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Abigail Baxter

20 BIRTHPLACE OF MOTHER (City) Quincy
(State or country) Mass.21 Informant Miss Ethel Curtis
(Address) 100 Quincy Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Board of Health or other)(Official Designation) 5-22-53
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any violent injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who are not disabled by recognized disease unrelated to any form of injury, and who without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs, poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 4828 119

No. Boston City Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Israel J. Levitan
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 149 Locust St.
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 23, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That ~~the patient~~ was a patient from
May 23, 1953, to May 23, 1953

I last saw him alive on May 23, 1953, death is said to

have occurred on the date stated above, at 10 a. m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Myocardial infarction
hoursANTE Due To
CEDENT (b) Diabetes Mellitus
CAUSES yearsDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) W. W. O'Connell M. D.
(Address) B C H Date 5/23, 19536 Ashkenaz Com Everett Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 24 1953

7 NAME OF FUNERAL DIRECTOR E. L. Levine

ADDRESS Brookline Mass

Received and filed JUN 2 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Fannie Smarkowetz
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation School Teacher
(Kind of work done during most of working life)

14 Industry or Business Chelsea High School

15 Social Security No. 16 BIRTHPLACE (City, State or country) Russia

17 NAME OF FATHER Harry S. Levitan

18 BIRTHPLACE OF FATHER (City, State or country) Russia

19 MAIDEN NAME OF MOTHER Celia Barnett

20 BIRTHPLACE OF MOTHER (City, State or country) Russia

21 Informant Wife
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 26 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



JUN-2

AM

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Mayflower Nurseing Home

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)

Registered No. 120

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}2 FULL NAME Arthur Hale Straw
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a
U. S. War Veteran,
if so specify WAR) N.O.(a) Residence. No. 152 Cottage Park Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....4 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 26 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 23, 1953 to May 26, 1953

I last saw him alive on May 26, 1953, death is said to

have occurred on the date stated above, at 4:45 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage 4 days

ANTECEDENT CAUSES Due To (b) Hypertension 3 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Branchial Asthma 3 yrs.

Major findings:
Of operations.

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis F. Salerno M. D.

(Address) 175 Pleasant St. Date May 27, 1953

6 Glenwood Cemetery, Everett, Mass.
Place of Burial or Cremation (City or town)

DATE OF BURIAL May 28 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed May 27 1953

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOWED Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Minnie Jane (Smith) Straw
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 6 Months 3 Days If under 24 hours
Hours Minutes13 Usual Occupation retired carpenter
(Kind of work done during most of working life)

14 Industry or Business Mechanic's Bldg.

15 Social Security No.

16 BIRTHPLACE (City) Blue Hill Maine
(State or country)

17 NAME OF FATHER William C. Straw

18 BIRTHPLACE OF FATHER (City) Maine
(State or country)

19 MAIDEN NAME OF MOTHER Rosilda ?

20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)21 Informant Mrs. Russell M. Reid
(Address) 11 Britton Road, Raynham, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Mass. Walter L. Baker
(Signature of Agent of Board of Health or other)Health Officer 5.28.53
(Official Designation) (Date of Issue of Permit)CTIONS
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CERTIFICATEiving
DEATHnt enter
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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have been bedside during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



STANDARD

CERTIFICATE OF DEATH

Registered No. 121

PLACE OF DEATH

1

(County) Worcester
(City or Town)No. 83 Shore Drive St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Irene (BARSH) ABRAMS **PHYSICIAN — IMPORTANT**(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No.

(Usual place of abode)

83 Shore Drive St. Worcester
(If nonresident, give city or town and State)Length of stay: In place of death..... years 5 months..... days. In place of residence..... years 5 months..... days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

May 27 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 1940 to May 26 1953I last saw him alive on May 26 1953, death is said tohave occurred on the date stated above, at 10:45 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cardiac infarction

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

Due To (b) Hypertension

Due To (c)

Coronary artery
Heart DiseaseByrs.8 yrs.

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.Date of operation..... Was autopsy performed? noWhat test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? noIf so, specify Charles Liberman(Signed) Charles Liberman M. D.
(Address) 238 Shore Drive Date 5/27/19536 Boyleston Lodge Care Worcester

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 28 19537 NAME OF FUNERAL DIRECTOR Erwin L. LevineADDRESS 470 Harvard St. BostonReceived and filed May 27 1953 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR OR RACE

white10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married

10a If married, widowed, or divorced

HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of Harold Abrams
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 53 Years..... Months..... Days If under 24 hours
..... Hours..... Minutes

13 Usual Occupation:

housewife
(Kind of work done during most of working life)

14 Industry or Business:

at home

15 Social Security No.

none16 BIRTHPLACE (City)
(State or country)Russia

17 NAME OF FATHER

Isidor Barsh

18 BIRTHPLACE OF

FATHER (City) Russia
(State or country)

19 MAIDEN NAME

OF MOTHER Anne Cutler

20 BIRTHPLACE OF

MOTHER (City) Russia
(State or country)

PARENTS

21 Informant Harold Abrams
(Address) 83 Shore Dr. Worcester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5-27-53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for the purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Winthrop 125
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Bernard Roscoe Slocum
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 235 Washington Avenue
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 27 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 28 1950 to May 27 1953

I last saw him alive on May 27 1953 death is said to

have occurred on the date stated above, at 11:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute thrombosis of
main branch of rt. coronary artery

INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES (b) Acute Myocardial
Infarction (protein) 3 hrs.

(c) Chronic passive
congestion of liver 1-2 mos

OTHER SIGNIFICANT CONDITIONS Atelectasis of rt. lower lobe
clinical cholelithiasis 2 days

Major findings: none

Of operations: none

Date of operation: Was autopsy performed? Yes

What test confirmed diagnosis: clinical + pathological

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify: none

(Signed) J. J. Slocum M.D.

(Address) 562 Shirley St. Winthrop, Mass.

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town).

DATE OF BURIAL May 29 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed: MAY 30 1953

A TRUE COPY ATTEST: (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED

10a If married, widowed or divorced
HUSBAND of Madeline Foote
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 6 Months 14 Days If under 24 hours
..... Hours Minutes

13 Usual Occupation: paper salesman
(Kind of work done during most of working life)

14 Industry or Business: Wholesale paper Co.

15 Social Security No. 011-07-1587

16 BIRTHPLACE (City) Bridgetown
(State or country) Nova Scotia

17 NAME OF FATHER Major Slocum

18 BIRTHPLACE OF FATHER (City) Bridgetown
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Azuba Messinger

20 BIRTHPLACE OF MOTHER (City) Bridgetown
(State or country) Nova Scotia

21 Informant Mrs. Bernard R. Slocum
(Address) 235 Washington Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued.

Mass. Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation)

(Date of Issue of Permit) 5-29-53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the Cuban relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 34, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery of burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHORANGE
(City or town making return)
Registered No. 123FRANKLIN
(County)ORANGE
(City or Town)

PLACE OF DEATH

No. Eastern Star Home

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Vida (MacLean) Iooos
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 26 Sturges
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 86 years 1 months 16 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 28, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 28, 1953, to May 28, 1953I last saw her alive on May 28, 1953, death is said to
have occurred on the date stated above, at 11-50 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH
4 hrsANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Physical and Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harold R. Mahar M. D.
(Address) Orange, Mass. Date 5/28/ 19536 Springfield Crematory, Springfield, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 1, 1953

7 NAME OF FUNERAL DIRECTOR Roy A. Ward
Orange, Massachusetts
ADDRESS

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of Leon Bertrand Iooos

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 1 Months 18 Days
If under 24 hours
Hours.....Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No.

16 BIRTHPLACE (City) Sussex, New Brunswick
(State or country)

17 NAME OF FATHER Arthur MacLean

18 BIRTHPLACE OF FATHER (City) Sussex,
(State or country) New Brunswick

19 MAIDEN NAME OF MOTHER Annie Lee

20 BIRTHPLACE OF MOTHER (City) Mill Stream
(State or country) New Brunswick21 Informant Mrs. Grace M. Millen
(Address) 75 East Main St., Orange, Mass.

A TRUE COPY.

ATTEST: Robert W. Anderson
(Registrar of City or Town where death occurred)

DATE FILED May 28, 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50mc-(c)-10-48-24658

RECEIVED



JUN-2

AM

COPY OF CERTIFICATE OF DEATH

124

CERTIFICATE OF DEATH STATE OF NEW HAMPSHIRE

TOWN OR CITY
CLERK'S NO.

67

1. NAME OF DECEASED (Type or Print)		a. (First) Ida	b. (Middle) Mabelle	c. (Last) Dunn	2. DATE OF DEATH (Month) (Day) (Year) May 29, 1953	
3. PLACE OF DEATH a. COUNTY Rockingham				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE N. H. b. COUNTY Strafford		
b. CITY OR TOWN Exeter		c. LENGTH OF STAY (on this place) 6 weeks		c. CITY (Give actual town of residence, NOT mailing address). TOWN Dover, N. H. (Madbury)		
d. FULL NAME OF HOSPITAL OR INSTITUTION Exeter Hospital				d. STREET ADDRESS (If rural, give location) R.F.D. #2		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 2, 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Winthrop, Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Ephraim Duck Floyd				14. MOTHER'S MAIDEN NAME Sarah Elizabeth Wyman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. Schwin Frank Tucker		
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> (a) DUE TO (b) DUE TO (c) DUE TO II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing it.</i>				MEDICAL CERTIFICATION Generalized carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
				Carcinoma Breast		6 mos.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY OR TOWN) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12/10 52 , to 5/29 53 , that I last saw the deceased alive on 5/29 53 , and that death occurred at 12:10 A.M. , from the causes and on the date stated above. X						
23a. SIGNATURE Geo. O. McGregor				23b. ADDRESS Durham, N. H.		23c. DATE SIGNED 5/29/53
24a. BURIAL, CREMATION, ENTOMBMENT, REMOVAL (Specify) Burial		24b. DATE 6-1-53		24c. NAME OF CEMETERY OR CREMATORY Winthrop Cemetery		24d. LOCATION (City, town, or county) (State) Winthrop, Mass.
24e. IF ENTOMBED PLACE OF BURIAL		(Name of Cemetery)		LOCATION (City, Town, County) (State)		DATE

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by or by the selectmen for the purpose, shall upon application make the certificate required by the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from town when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

123

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 140 Woodside Ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Carl Rudolf Johnson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

140 Woodside Ave.

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMay
(Month)

31

(Day)

1953
(Year)I HEREBY CERTIFY, That I attended deceased from
Jan. 1953 to May 27, 1953

I last saw h.l.m. alive on May 27, 1953 death is said to

have occurred on the date stated above, at 9 A. m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Arterio-Vascular

accident

also

ANTE
CEDENT
CAUSES

Due To

(b)

Arterio-sclerosis

(c)

generalized

yp.

OTHER
SIGNIFICANT
CONDITIONS

Buerger's Disease

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Date 6-1-1953

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL June 2, 1953

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

174 Winthrop St.

Received and filed

JUN 2 1953

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

81

2

17

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Retired Coppermith

(Kind of work done during most of working life)

14 Industry

or Business: U. S. Navy Dent.

15 Social Security No.

no

16 BIRTHPLACE (City)

Goteborg

(State or country)

Sweden

17 NAME OF
FATHER

Claus Johansson

18 BIRTHPLACE OF
FATHER (City)

Goteborg

(State or country)

Sweden

19 MAIDEN NAME
OF MOTHER

Anna Klara Bloom

20 BIRTHPLACE OF
MOTHER (City)

Goteborg

(State or country)

Sweden

21

Informant

(Address)

Alford C. Johnson

140 Woodside Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 127

No. 7 Vine Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Elizabeth Spear
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 25 Cora St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 7 months days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 31, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 1952, to 31 May 1953
I last saw her alive on 30 May 1953, death is said to

have occurred on the date stated above, at 10:45 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

7 days

ANTE CEDENT
CAUSESDue to Cerebral Arterio-
SclerosisDue to Generalized Arterio-
SclerosisOTHER
SIGNIFICANT
CONDITIONSArteriosclerotic
Heart DiseaseMajor findings:
Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Morgan M. D.
(Address) Winthrop Date June 2 1953

6 Place of Burial or Cremation Glenwood Everett (City or Town)

DATE OF BURIAL June 3, 1953 19

7 NAME OF FUNERAL DIRECTOR John J. O'Keefe
ADDRESS Winthrop Mass.

Received and filed JUN 2 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William A. Spear
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 85 AGE Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Charles A. Fay

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Bridget Morris

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Marion Dolloff
(Address) 25 Cora St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Hackett
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
(Date of Issue of Permit) 6-7-53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 128

No. 41 Washington Avenue Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary L. Stoliker
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 238 Woodside Avenue Winthrop St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 12 years months days. In place of residence 1 years 15 months 15 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 31 1953
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from 5/1 1953 to 5/30 1953
I last saw him alive on 5/30 1953 death is said tohave occurred on the date stated above, at 2:30 p.m.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Chronic MyocarditisINTERVAL BE-
TWEEN ONSET
AND DEATH
5 yrANTE Due To
CEDENT (b) Generalized
CAUSES ArteriosclerosisDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....
Date of operation..... Was autopsy performed?
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Fred S. H. Jan M. D.
(Address) 610 Huntington St Date 6/1 19536 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 3 1953 19

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St East Boston

Received and filed JUN 1 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
female white MARRIED
WIDOWED
or DIVORCED widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Edward N. Stoliker
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 5 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. none

16 BIRTHPLACE (City) Londonderry
(State or country) Ireland

17 NAME OF FATHER Hugh McLaughlin

18 BIRTHPLACE OF FATHER (City) Londonderry
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Bridget McIntyre

20 BIRTHPLACE OF MOTHER (City) Londonderry
(State or country) Ireland21 Informant Mrs. Sarah E. Homeyer dau
(Address) 238 Woodside Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 6/1/53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

none

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(e)-10-48-24638

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

2 FULL NAME. Waldo T. Malone

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 34 Banks

(Usual place of abode)

Length of stay: In place of death hospital years 1 months 4 days. In place of residence years months days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF

CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 286

123

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR) WWI

Winthrop, Mass.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 14, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1953, to May 14, 1953.

I last saw him alive on May 14, 1953, death is said to have occurred on the date stated above, at 9:25A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cancer of the liver metastatic

ANTECEDENT CAUSES (b) Due To Cancer of the colon

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinic-laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles T. Rooney M. D.

(Address) Soldiers' Home Date 5/14/53

6 Winthrop, Conn. Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 16, 1953

7 NAME OF FUNERAL DIRECTOR Howard J. Reynolds

ADDRESS 180 Winthrop St. Winthrop, Mass.

Received and filed. JUN 23 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED married

10a If married, widowed, or divorced HUSBAND of Helen Knowlton (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 51 Years 5 Months 26 Days If under 24 hours Hours Minutes

13 Usual Occupation Electrician (Kind of work done during most of working life)

14 Industry or Business

15 Social Security No. cannot be learned

16 BIRTHPLACE (City) Everett, Mass. (State or country)

17 NAME OF FATHER Henry D.

18 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

19 MAIDEN NAME OF MOTHER Ma gie Peterson

20 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

21 Informant Hospital Record (Address)

A TRUE COPY.

ATTEST: Joseph A. Tyrrell (Registrar of City or Town where death occurred)

DATE FILED May 14, 1953

RECEIVED



JUN 23

AM

Enlisted 6/13/18

Discharged 9/2/19

Trumpeter

USMC

123 789

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 41 Washington Ave.

2 FULL NAME

Sarah Elizabeth (Maloney) Dunn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

10 Perkins St.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 8 months days. In place of residence years 36 months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causeions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

June 7 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 1, 1952, to June 5, 1953

I last saw h. alive on June 5, 1953, death is said to

have occurred on the date stated above, at 6 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 hr

ANTE CEDENT
CAUSES

Due To

(b)

Large Bowel (25%)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations:

Date of operation: Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) June 10, 1953 M. D.

(Address) 610 Somerset St. W. Boston, Date 6/10, 1953

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 10 1953

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed June 10, 1953 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 120

To be filed for burial permit
with Board of Health
or its Agent.{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Female White

MARRIED
WIDOWED
or DIVORCED Marrie

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Edward F. Dunn

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 76

9

Months

0

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF FATHER

Edward H Maloney

18 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mas s

19 MAIDEN NAME

OF MOTHER Sarah E McDonald

20 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass

21

Informant

(Address)

Edward F. Dunn

10 Perkins St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial of this deceased was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by trauma, including resulting septicemia, and by the action of chemical (drugs or poisons, thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 5395 21

No. St. Elizabeth's Hospt. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy McAvoy (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 61 Winthrop St. St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 6 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 10/53 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 7 1953 to June 10 1953

I last saw him alive on June 10 1953 death is said to

have occurred on the date stated above, at 10:20 PM

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Septicemia

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES (b)

Spontaneous rupture of cecum

Due To
(c)

with peritonitis

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations Rupture of cecum - peritonitis

Date of operation Was autopsy performed? Yes

What test confirmed diagnosis? cultures of wound

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W L Donahue Jr Date 6-10-53

6 Place of Burial or Cremation Brookdale Cem Dedden Mass.

DATE OF BURIAL June 12/53

7 NAME OF FUNERAL DIRECTOR E G Bryant
Somerville Mass.

ADDRESS

Received and filed JUN 22 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 1 Days If under 24 hours Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER Gerald F McAvoy

18 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Evelyn McIlhenny

20 BIRTHPLACE OF MOTHER (City) Phila. Pa.
(State or country)

21 Informant (Address) Father

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 15/53

RECEIVED



JUN 22

AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

(County)

WINTHROP
(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No. 132

No. 109 PLEASANT

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME JOSEPH GALLAGHER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO(a) Residence. No. 109 PLEASANT
(Usual place of abode)St. WINTHROP MASS
(If nonresident, give city or town and State)

Length of stay: In place of death 18 years..... months..... days. In place of residence 18 years..... months..... days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIn giving
this CERTIFICATEnot enter
more than one
cause for each
(b) and (c)s does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.bid conditions,
iving rise to the
use (a) stating
underlying causeditions contrib-
the death but not
to the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
5/1/53, 1953, to 6/14/53, 1953

I last saw him alive on 6/14/53 death is said to

have occurred on the date stated above, at 3:45 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Broncho PneumoniaANTE CEDENT
CAUSES (b) Coronary
SclerosisDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)..... M. D.

(Address)..... Date 6/14/53 1953

6 HOLY CROSS MALDEN MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 17 1953 19

7 NAME OF FUNERAL DIRECTOR FRANK H. CARR
ADDRESS 79 ELM ST CHARLESTOWN MASS.

Received and filed JUN 16 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR OR RACE WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED SINGLE

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years..... Months..... Days If under 24 hours
Hours..... Minutes13 Usual Occupation: PRINTER
(Kind of work done during most of working life)

14 Industry or Business: ROWE - BOSTON

15 Social Security No. NONE

16 BIRTHPLACE (City) DONEGAL
(State or country) IRELAND

17 NAME OF FATHER DANIEL F GALLAGHER

18 BIRTHPLACE OF FATHER (City) DONEGAL
(State or country) IRELAND

19 MAIDEN NAME OF MOTHER MARY BRADLEY

20 BIRTHPLACE OF MOTHER (City) DONEGAL
(State or country) IRELAND21 Informant JOHN GALLAGHER (BROTHER)
(Address) 109 PLEASANT ST WINTHROP:I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Hahner
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 6/16/53
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also insert in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Winthrop

(City or town making return)

Registered No. 133

No. 24 Quincey Avenue

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Laura Jane Richards

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 24 Quincey Avenue

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 38 years.....months.....days. In place of residence.....years.....months.....days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
stature, asthenia,
ans the disease,
ications which
ith.ditions contrib-
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 16 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 1951 to June 16 1953

I last saw her alive on June 16, 1953, death is said to

have occurred on the date stated above, at 12:05 A.M.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) aneurysm

3 hrs

ANTECEDENT CAUSES (b) aneurysm, amputation of right leg

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or town)

DATE OF BURIAL June 18 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED single or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 10 Months 1 Days If under 24 hours Hours Minutes

13 Usual Occupation: housekeeper - retired (Kind of work done during most of working life)

14 Industry or Business: private homes

15 Social Security No. none

16 BIRTHPLACE (City) Tilstork Shorpshire (State or country) England

17 NAME OF FATHER Edward Richards

18 BIRTHPLACE OF FATHER (City) Staffordshire (State or country) England

19 MAIDEN NAME OF MOTHER Margaret Jones

20 BIRTHPLACE OF MOTHER (City) Wales (State or country) Great Britton Britain

21 Informant Mrs. Frank D. Ross (Address) 24 Quincey Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 6/18/53

A TRUE COPY ATTEST:

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism, including resulting septicemia, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)No. *Mayflower Nursing Home*2 FULL NAME *Carolina La Marca*
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. *408 Hanover St.* St. *Boston*
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death..... years..... months *3* days. In place of residence *42* years..... months..... days.INSTRUCTIONS
FOR
VITAL CERTIFICATEn giving
E OF DEATHnot enter
e than one
e for each
, (b) and (c)s does not mean
e of dying, such
ailure, asthenia,
means the disease,
lications which
eath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *June 21, 1953*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
*June 18, 1953, to June 21, 1953*I last saw *her* alive on *June 21, 1953*, death is said tohave occurred on the date stated above, at *6:45 A.M.*DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Cerebral Hemorrhage / sub.*ANTE Due To *Arterio sclerosis*
CEDENT (b) *1 yr.*
CAUSESDue To
(c)OTHER SIGNIFICANT CONDITIONS
*Broncho-pneumonia 6 days*Major findings:
Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? *Clinical.*5 Was disease or injury in any way related to occupation of deceased? *No.*
If so, specify *Chronic Kidney*(Signed) *St. Michael's, Wintthrop M. D.*
(Address) *Wintthrop, Mass.* Date *6/21/1953*6 *ST. MICHAEL'S CEMETERY* *BOSTON*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *JUNE 24* 19*53*7 NAME OF FUNERAL DIRECTOR *PENNACCHIO & SON* *INC.*ADDRESS *59 So. MARGIN ST. BOSTON*Received and filed. *JUN 23 1953* 19*53*

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHRegistered No. *131*(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) *NO*

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months *3* days. In place of residence *42* years..... months..... days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED *married*
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of *STEFANO LAMARCA*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *66* Years..... Months..... Days If under 24 hours
Hours..... Minutes13 Usual Occupation: *At home*
(Kind of work done during most of working life)14 Industry or Business: *at home*15 Social Security No. *None*16 BIRTHPLACE (City) *ITALY*
(State or country)17 NAME OF FATHER *PAUL LAMONICA*18 BIRTHPLACE OF FATHER (City) *ITALY*
(State or country)19 MAIDEN NAME OF MOTHER *LAURETTA MAURICE*20 BIRTHPLACE OF MOTHER (City) *ITALY*
(State or country)21 Informant *STEFANO LAMARCA*
(Address) *408 Hanover St. Boston*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Walter F. Baker*
(Signature of Agent of Board of Health or other)
Ho. *June 23/53*
(Official Designation) (Date of Issue of Permit)To be filed for burial permit
with Board of Health
or its Agent.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to violence, these include not only deaths caused directly or indirectly by traumatic injury, including resulting septicemia, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

STANDARD

CERTIFICATE OF DEATH

Registered No. 135

PLACE OF DEATH

Suffolk (County)
Winthrop (City or Town)

No. 4

Washington Ave

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Elizabeth A. White

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, none
if so specify WAR)(a) Residence. No. 12 Forest
(Usual place of abode)St. Arlington Mass.
(If nonresident give city or town and State)

Length of stay: In place of death years 1 months 1 days. In place of residence 10 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.id conditions,
ing rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 23 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 10, 1953, to June 23, 1953I last saw her alive on June 22, 1953, death is said to
have occurred on the date stated above, at 10:45 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Myocardial
Head DiseaseANTECEDENT
CAUSES

Due To arteriosclerosis

(b) generalized

Due To senility

(c)

INTERVAL BE-
TWEEN ONSET
AND DEATH

years

yrs.

yrs.

yrs.

yrs.

yrs.

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations:

Date of operation: Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph J. Maguire

M. D.

(Address) 194 Elm St. Boston Date 6-23-1953

6 St. Paul's Church, Arlington
(City or Town)

DATE OF BURIAL June 25 1953

7 NAME OF FUNERAL DIRECTOR D. W. Gramsco & Son.

ADDRESS 378 Mass. Ave. Arlington

Received and filed JUN 23 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 13 Days If under 24 hours
Hours Minutes13 Usual Occupation: Milliner
(Kind of work done during most of working life)

14 Industry or Business: Retail Millinery

15 Social Security No. none.

16 BIRTHPLACE (City) Cambridge Mass.
(State or country)

17 NAME OF FATHER Edward P. White

18 BIRTHPLACE OF FATHER (City) London
(State or country) England

19 MAIDEN NAME OF MOTHER Catherine Dollard.

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Edward P. White D. M. D. (brother)
(Address) 72 Sargent St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 6-23-53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 136

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Harold Hustin Blackstone

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)

(a) Residence. No. 16 James Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence years months 10 days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
the death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 24 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1952 to June 24 1953I last saw him alive on June 24 1953, death is said to
have occurred on the date stated above, at 7:45 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

19 hours

ANTE CEDENT
CAUSES

Due To

(b)

(c)

arterio-sclerosis

diabetes mellitus

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

peripheral vascular disease

Major findings:
Of operations.

Date of operation Was autopsy performed? no

What test confirmed diagnosis? blood sugar 333

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Puritan Lawn

Peabody Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

June 26

19 53

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

JUN 25 1953

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed or divorced

HUSBAND of Bertha E Staples

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 72 Years 8 Months 20 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Clerk

(Kind of work done during most of working life)

14 Industry

or Business:

Store

15 Social Security No.

023-07-1611

16 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

17 NAME OF
FATHER

Unable to obtain

18 BIRTHPLACE OF

FATHER (City)

Unable to obtain

(State or country)

19 MAIDEN NAME

OF MOTHER

Carrie Ostman

20 BIRTHPLACE OF

MOTHER (City)

Unable to obtain

(State or country)

Unable to obtain

21

Informant

Bertha E Blackstone

(Address)

16 James Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

6.30.53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-four, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the same in a burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

137

No. 270 Winthrop Street

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

Georgia (Albin) Hicks

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. Hampton New Brunswick

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 21 days. In place of residence 70 years.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ailure, asthenia,
ans the disease,
ications which
ath.oid conditions,
ring rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 24 1953
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
June 24 1953 to June 24 1953I last saw him alive on July 24 1953 death is said to
have occurred on the date stated above, at 10:30 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Myocardial
infarction

ANTECEDENT (b)

CAUSES

Due To Hypertension
series

Due To (c)

arteriosclerosis
generalized

OTHER

SIGNIFICANT

CONDITIONS

Major findings:

Of operations.

Date of operation.

Was autopsy performed? no

What test confirmed diagnosis? E.K.G.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Brown

(Address) 16 Winthrop St. W.

Date June 25 1953

6 Place of Burial or Cremation

Hampton New Brunswick

(City or Town)

DATE OF BURIAL

June 27 1953

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed JUN 25 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Allan W Hicks

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 7 Months 19 Days If under 24 hours
Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Hartford Conn.

17 NAME OF

FATHER

James Albin

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Unable to obtain

19 MAIDEN NAME

OF MOTHER

Elizabeth Patterson

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Unable to obtain

21 Informant

(Address)

Curtis L Hicks

270 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

6-25-53

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . G. L., Sec. 46, (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25W-3-53-909098

PLACE OF DEATH

Suffolk County)

Boston City or Town)

No. The Children's Hospital

2 FULL NAME Paul McGee
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 55 Brewster Ave.
(Usual place of abode)Winthrop, Mass.
(If not resident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 24, 1953 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 22 5¹⁰ to June 24 1953
I last saw him alive on June 24 1953 death is said to have occurred on the date stated above, at 1:15 m.DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) extreme anemia
intrauterine bleeding
and cardiac arrest

ANTE CEDENT CAUSES Due To (b) and cardiac arrest

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....
Date of operation..... Was autopsy performed?.....
What test confirmed diagnosis?.....5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify (Signed) B. Giedion Date 6-24-53 M. D.
(Address) 500 Longwood Ave.6 Place of Burial or Cremation Holy Cross Malden
DATE OF BURIAL June 25, 19537 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 197 Winthrop St. Winthrop

Received and filed 6 1953

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town where return)

Registered No. 133

5792

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

Winthrop, Mass.
(If not resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE MARRIED (write the word) WIDOWED or DIVORCED single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 1 Days If under 24 hours Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop, Mass.
(State or country)

17 NAME OF FATHER Arthur McGee

18 BIRTHPLACE OF FATHER (City) Dorchester, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Patricia Beatis

20 BIRTHPLACE OF MOTHER (City) Brighton, Mass.
(State or country)

21 Informant (Address) A. McGee

A TRUE COPY 55 Brewster Ave. Winthrop

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED JUNE 26, 1953

RECEIVED



JUL-6 AM

PLACE OF DEATH

Suffolk
(County)Boston
(Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHBoston
(City or town making return)

Registered No. 5793

139

No. Beth Israel Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Mullie Steinberg
(If deceased is a married woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 11 Forrest St.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days. 18

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 24, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 6, 1953 to June 24, 1953
I last saw her alive on June 24, 1953 death is said to

have occurred on the date stated above, at 1:25 A. m. INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) cerebral thrombosis

ANTE CEMENT CAUSES Due To (b) cerebral arteriosclerosis

Due To (c) 2 yrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Stanley J. Altman M. D.
(Address) Beth Israel Hosp. 6-24-53

6 Place of Burial or Cremation Western Chicago, Illinois

DATE OF BURIAL June 26, 1953

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St. Dor.

Received and filed JUL 6 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

fem. white MARRIED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Nathan Steinberg
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years Months Days If under 24 hours
Hours MinutesUsual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: --

15 Social Security No.

16 BIRTHPLACE (City) Austria
(State or country)

17 NAME OF FATHER Jacob Katz

18 BIRTHPLACE OF FATHER (City) Austria
(State or country)

19 MAIDEN NAME OF MOTHER Pearl ---

20 BIRTHPLACE OF MOTHER (City) Austria
(State or country)21 Informant (Address) Nathan Steinberg
11 Forrest St. Winth

A TRUE COPY

ATTEST: JUNE 26, 1953
(Registrar of City or Town where death occurred)

DATE FILED Charles A. 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



JUL-6 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 110

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

Winthrop Comm Hospital

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mary J. Corcoran nee Cummings
(If deceased is married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

122 Grandview Ave

St.

(If nonresident, give city or town and State)

Length of stay: In place of death...

years...

months...

days...

In place of residence...

years...

months...

days...

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJune 25, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 19, 1953, to June 25, 1953

I last saw her alive on June 25, 1953 death is said to

have occurred on the date stated above, at 1:30 P.M.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Acute myocardial
infarction - anterior + posterior 7 daysANTE
CEDENT
CAUSES

Due To

(b)

(c)

Superior aortic and
hypertensive heart disease 2 yrs.OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations

None

Date of operation

Was autopsy performed?

No

What test confirmed diagnosis?

Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Place of Burial or Cremation

DATE OF BURIAL

1953

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

JUN 26 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George J. Corcoran
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

74

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation

Housewife

(Kind of work done during most of working life)

14 Industry

or Business

at home

15 Social Security No.

no

16 BIRTHPLACE (City)

Ireland

(State or country)

17 NAME OF

FATHER

William Cummings

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Mary Price

20 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

21

Informant

(Address)

Mrs Charles West
122 Grandview Ave WinI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

6-26-53

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the Chinese relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit to do so from the board of health or its agent appointed to issue such permits, or from the clerk of the town where the body is to be buried, or from the clerk of the cemetery to be held, or from a person appointed to have the care of the cemetery of burial ground in which the interment is made. . . Chap. 46, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The purpose of these laws calls for the observance of the following notice:

Attending physicians will certify to such deaths only as those of persons who have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent at the time when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.Suffolk
(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 141

PLACE OF DEATH

No. Winthrop Boyle Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Ethel Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence, No. 15 Francis St.
(Usual place of abode)St. Winthrop - Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 2 years 5 months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 28, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1947 to June 28, 1953

I last saw her alive on June 28, 1953, death is said to

have occurred on the date stated above, at 12:26 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral

Hemorrhage

ANTECEDENT CAUSES

Due To

(b) Hypertension

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Hypertension
Heart DiseaseMajor findings: None
Of operations: None

Date of operation: None Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify: None

(Signed) Walter F. O'Malley M. D.
(Address) Winthrop, Mass. Date June 28, 19536 Place of Burial or Cremation Winthrop
(City or Town)

DATE OF BURIAL June 30, 1953

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed June 29, 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or Divorced10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of John L. Kelly
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Renova
(State or country) Penn

17 NAME OF FATHER John Boyle

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER Harriet Russel

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant Rita Monahan
(Address) 15 Francis StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter F. O'Malley
(Signature of Agent or Board of Health or other)Health Officer 6-29-53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons who have been given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who have been disabled by recognized disease unrelated to any form of injury, and who have been given recent medical attendance or whose physician is absent and whose certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly traumatic. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

142

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Com. Hosp. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Trainor Mrs Annie (MURPHY) { PHYSICIAN — IMPORTANT
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 455 Shirley St. Winthrop St. (If nonresident, give city or town and State)
(Usual place of abode)Length of stay: In place of death years months 10 days. In place of residence 66 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 29 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 1948 to June 29 1953I last saw him alive on June 29 1953, death is said tohave occurred on the date stated above, at 7:45 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral hemorrhage
with rt. hemiplegiaINTERVAL BE-
TWEEN ONSET
AND DEATH2 wks.ANTE Due To Arterio sclerosis &
CEDENT (b) hyperplastic heart disease
CAUSES with congestive failureDue To Diabetes mellitus
(c) approx 10 yrs.OTHER
SIGNIFICANT
CONDITIONS noneMajor findings: none
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James H. Kirby M. D.(Address) 221 Shirley St. Winthrop Date 6/29 19536 Winthrop Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL July 1 19537 NAME OF FUNERAL DIRECTOR Maureen W KirbyADDRESS WinthropReceived and filed JUN 30 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Hugh J Trainor
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none16 BIRTHPLACE (City) Winthrop
(State or country)17 NAME OF FATHER Henry Murphy18 BIRTHPLACE OF FATHER (City) P.E.I.
(State or country)19 MAIDEN NAME OF MOTHER Mary Murphy20 BIRTHPLACE OF MOTHER (City) P.E.I.
(State or country)21 Informant Thomas Trainor
(Address) Beal St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter J. Baker
(Signature of Agent of Board of Health or other)(Official Designation) Health Officer (Date of Issue of Permit) 6-30-53

R-301A

UNCL.

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FOR
CERTIFICATEgiving
OF DEATHot enter
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DOM-5-52-907046

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have been bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury, not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

143

No. Danvers State Hospital, Hathorne

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Walter Pickett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 46 Franklin
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....3.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

June

4

1953

4 I HEREBY CERTIFY, That I attended deceased from

May 5, 1953 to June 4, 1953

I last saw him alive on June 4, 1953 death is said to

have occurred on the date stated above, at 11:00 P.m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Generalized

Arteriosclerosis 3 yrs

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS Arteriosclerotic
heart diseaseMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Julius W. Fryer M. D.
(Address) Hathorne, Mass. Date 6/12/536 Lincoln Memorial Cem. Washington
Place of Burial or Cremation (City or Town) D.C.

DATE OF BURIAL June 10 1953

7 NAME OF
FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS Winthrop, Mass.

Received and filed JUL 15 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Widowed

Male Black

10a If married, widowed, or divorced

HUSBAND of Cannot be learned
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

73

Years

5

Months

28

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation: Janitor

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Washington
(State or country) D.C.17 NAME OF
FATHER Henry Pickett

18 BIRTHPLACE OF

FATHER (City)

(State or country)

North Carolina

19 MAIDEN NAME

OF MOTHER

Cannot be learned

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

North Carolina

21

Informant Mary E. Sweeney
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED June 15 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)



JUL 15 AM

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5898 144

No. The Infant's Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

-- DiVita

(If deceased is a married, widowed or divorced woman, give also maiden name.)

126 Brookfield Rd

Winthrop Mass

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

4 hrs 5 mins

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

June 26, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY. That I attended deceased from

June 26

19 53

to

June 26

19 53

I last saw h. or alive on June 26, 19 53, death is said to

have occurred on the date stated above, at 6:35p m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral hemorrhage

Sepsis

ANTE CEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Glenlow MD

(Address) 30 Longwood Ave Date 6/26 19 53

6 Winthrop Cem Winthrop Mass

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL June 29 19 53

7 NAME OF FUNERAL DIRECTOR E P Caggiano

ADDRESS Winthrop Mass

Received and filed JUL 16 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE Years Months 1 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop Mass (State or country)

17 NAME OF FATHER

Carmen DiVita

18 BIRTHPLACE OF

FATHER (City)

Winthrop Mass (State or country)

19 MAIDEN NAME

OF MOTHER

Rita Lazzarino

20 BIRTHPLACE OF

MOTHER (City)

Winthrop Mass (State or country)

21

Informant (Address)

Father

A TRUE COPY

ATTEST: Charles A. Mackie (Registrar of City or Town where death occurred)

DATE FILED June 30 19 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

RECEIVED



JUL 16

AM

PLACE OF DEATH

1

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6021 145

No. Peter Bent Brigham Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary F Saigeon
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 127 Quincy Ave
(Usual place of abode)St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death years months 9 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 29, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 20, 1953, to June 29, 1953.

I last saw her alive on June 29, 1953 death is said to have occurred on the date stated above, at 7:50a m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Multiple pulmonary emboli

INTERVAL BETWEEN ONSET AND DEATH

recent

ANTE Due To Myocardial infarction
CEDENT (b) small CAUSES

recent

Arterio sclerotic cardio vasc dis. with auric fibrillation 4 yrs
Arterio sclerotic thrombosis & occlusion of left popliteal artery 12 days
OTHER SIGNIFICANT CONDITIONS Paget's disease rt tibia Carcinoma left breast 10 yrsMajor findings: Ischemic left lower leg with incipient gangrene
Of operations. yes
Date of operation 6/27/53 Was autopsy performed? yes
What test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased?
If so, specify V. M. Cass
(Signed) P. Bent Brig Hosp M. D. Date 6/29 19 53
(Address)6 Winthrop Cem Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 2 19 53

7 NAME OF FUNERAL DIRECTOR J. F. O'Maley

ADDRESS Winthrop Mass

Received and filed JUL 16 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Webster A Saigeon
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass
(State or country)

17 NAME OF FATHER Patrick O'Connor

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Hannah E Green

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Eleanor Kirby
(Address)

A TRUE COPY

ATTEST Charles H. MacKenzie
(Registrar of City or Town where death occurred)

DATE FILED July 3 19 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

RECEIVED



JUL 16

AM

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 608346

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Edward F Dunn

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. (Usual place of abode)

10 Perkins St

St.

Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 12 days. In place of residence 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 3, 1953 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 23 19 53 to July 3 19 53

I last saw him alive on July 3 19 53 Death is said to have occurred on the date stated above, at 9:40a m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Chronic nephritis

INTERVAL BETWEEN ONSET AND DEATH

years

ANTE CEDENT CAUSES (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Portal cirrhosis

years

Major findings: Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. R. Lezer M. D. (Address) M. G. B. Date 7/3 1953

6 Winthrop Cem Winthrop Mass Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 6 19 53

7 NAME OF FUNERAL DIRECTOR H S Reynolds

ADDRESS Winthrop Mass

Received and filed JUL 16 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of Sarah E Maloney (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years - 15 Months - 15 Days If under 24 hours Hours Minutes

13 Usual Occupation: Sign Painter (Kind of work done during most of working life)

14 Industry or Business: Sign Co

15 Social Security No. -

16 BIRTHPLACE (City) Lonaconing Md (State or country)

17 NAME OF FATHER Richard Dunn

18 BIRTHPLACE OF FATHER (City) - (State or country)

19 MAIDEN NAME OF MOTHER Martha Mooney

20 BIRTHPLACE OF MOTHER (City) - (State or country)

21 Informant Dorothy Dunn (Address)

A TRUE COPY

ATTEST Charles H. Zuckerman (Registrar of City or Town where death occurred)

DATE FILED July 19 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

RECEIVED



JUL 16

AM

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

147

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 20 Read

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

Nicholas La Penna

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) IV(a) Residence. No.
(Usual place of abode)

20 Read St

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 9 months days. In place of residence years 9 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJuly 4, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h alive on 19 death is said to

have occurred on the date stated above, at 4 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Natural Causes

INTERVAL
BETWEEN ONSET
AND DEATHANTE
CEDENT
CAUSES

Due To

(b)

Due To

(c)

Presumably
Coronary Occlusion

6 hrs

OTHER
SIGNIFICANT
CONDITIONS

Hypertension

5 yrs

Major findings:

Of operations

Date of operation

Was autopsy performed?

no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Arthur C. Murray M. D.
Winthrop Board of Health Winthrop
4 July 1953

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

July 7 1953

7 NAME OF
FUNERAL DIRECTOR

Ernest P. Casanova

ADDRESS

147 Winthrop St Winthrop

Received and filed

JUL 7 1953

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Male

White

Married

10a If married, widowed, or divorced

HUSBAND of EILEEN M. ARSENault

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 41 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation

Tool & Die Maker

(Kind of work done during most of working life)

14 Industry

or Business

Tool Mfg

15 Social Security No.

040-16-8976

16 BIRTHPLACE (City)

New Haven

(State or country)

Conn

17 NAME OF

FATHER

Julius La Penna

18 BIRTHPLACE OF

FATHER (City)

(State or country)

France

19 MAIDEN NAME MARIA GIOVANNI ROSATO

OF MOTHER

Unknown

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

France

21

Informant

(Address)

Mrs Eileen La Penna
20 Read St Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

7-6-53

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement of certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 48, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the Board of Health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

Tab. 22. *Tab. 22. Tab. 22. Tab. 22. Tab. 22.*

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

143

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Samuel Alton Phinney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 141 Loring Rd.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 0 months 4 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJuly 4, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 30, 1952, to July 4, 1953I last saw him alive on July 4, 1953, death is said to
have occurred on the date stated above, at 11:30 P.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Arteriosclerotic
heart diseaseINTERVAL BE-
TWEEN ONSET
AND DEATH

years

ANTE DUE TO Generalized Arterio
CEDENT (b) CAUSES sclerosis

Years

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Nichols, Jr. M. D.

(Address) Danvers, Mass. Date 7/10/1953

6 Riverside Co. Gaugus
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 7, 1953

7 NAME OF
FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed 8/10/53 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Bertha Gale

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 74 years 7 months 13 days

If under 24 hours

Hours Minutes

13 Usual
Occupation:

Retired Mailer

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

N. S. Canada

17 NAME OF
FATHER

James Phinney

18 BIRTHPLACE OF

FATHER (City)

(State or country)

N. S. Canada

19 MAIDEN NAME

OF MOTHER

Priscilla Daniels

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

N. S. Canada

21 Informant
(Address)Mary E. Sheehan
Hathorne, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

July 13, 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town in which the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

RECEIVED



AUG 10

AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

149

No.

66 Loring Road

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Harvey Elias Sleeper

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(a) Residence. No.

66 Loring Road

(Usual place of abode)

40

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

July 5, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/8/50 19 to 7/5/53 19

I last saw him alive on 7/5/53 19 death is said to

have occurred on the date stated above, at 10:25 a.m.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Carcinoma recto-
sigmoid junction.INTERVAL BE-
TWEEN ONSET
AND DEATH

11/8/50

ANTE
CEDENT (b) Due To
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Adenocarcinoma of colon

Date of operation: 12/1/50 Was autopsy performed? no

What test confirmed diagnosis? Pathological

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Sybil A. Robinson M.D.
(Address) Winthrop, Mass. Date July 6, 19536 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 7, 1953

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

JUL 7 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Lillie D Bloomfield

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76

Years 1

Months 24

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Accountant

(Kind of work done during most of working life)

14 Industry
or Business:

Boston Produce Exchange

15 Social Security No.

023-10-6702A

16 BIRTHPLACE (City)
(State or country)South Thomaston
Maine17 NAME OF
FATHER

George T Sleeper

18 BIRTHPLACE OF

FATHER (City)

South Thomaston

(State or country)

Maine

19 MAIDEN NAME

OF MOTHER

Ella K Martin

20 BIRTHPLACE OF

MOTHER (City)

South Thomaston

(State or country)

Maine

21 Informant

(Address)

Lillie D Sleeper

66 Loring Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which he was engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit to the relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

An undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so made from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No.

6192 150

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



Mass. General Hospital

No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Mary S. McInerney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

117 Shore Dr. Winthrop

(Was deceased a
U. S. War Veteran, no
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

July 6, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

subdural hematoma

and laceration of brain-fracture
of skull - accidentally incurred
in fall - ACCIDENT JUNE 27, 1953
Winthrop-home accidental fall

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did

Injury occur?.....
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place?.....
(Specify type of place)

Manner of

Injury.....
(How did injury occur?)

Nature of

Injury.....yes

While at work?.....Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Michael A. Luongo M. D.
(Address) 25 Shattuck St. Date 7-7-53 19.....

7 Mt. Pleasant Arlington

Place of Burial, or Cremation.

July 9, 1953 (City or Town)

DATE OF BURIAL.....19.....

8 NAME OF

FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS WINTHROP

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

fem.

10 COLOR OR RACE

white

11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

widowed

11a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name, if in full)

Patrick McInerney

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE.....Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

14 Usual

Occupation:.....
(Kind of work done during most of working life)

none

15 Industry

or Business:.....none

16 Social Security No.

Ireland

17 BIRTHPLACE (City)

(State or country)

18 NAME OF
FATHER

John O'Brien

19 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

20 MAIDEN NAME

Catherine Keane

OF MOTHER

21 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

22

Informant

(Address)

John McInerney
Arlington, Mass.

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED.....19.....

JULY 10, 1953

Charles H. Mackie

RECEIVED



JUL 20

AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON

(City or town making return)

6181 151

Registered No.

PLACE OF DEATH

SUFFOLK
BOSTON (County)



(City or Town)

818 Harrison Ave

No.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Arthur L O'Leary

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

117 Nahant St

(Was deceased a U. S. War Veteran, if so specify WAR) WW I

Lynn Mass

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July 6, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Rheumatic heart disease

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of

Injury

(How did injury occur?)

Nature of

Injury

While at work?.....Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) G W Curtis

(Address) 25 Shattuck St

Date 7/6

M. D. 53

7 Winthrop Cem Winthrop Mass

Place of Burial, or Cremation.

July 9

53

DATE OF BURIAL.....19.....

8 NAME OF FUNERAL DIRECTOR

W T Bulger

Boston Mass

ADDRESS.....

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

white

11 SINGLE

(write the word)

MARRIED

Married

WIDOWED

or DIVORCED

11a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE

56

9

26

Years.....

Months.....

Days

If under 24 hours

Hours.....

Minutes

14 Usual

Occupation:.....

(Kind of work done during most of working life)

Clerk

15 Industry

or Business:.....

U S Govt Eng.

011-052-5982

16 Social Security No.....

Boston Mass

17 BIRTHPLACE (City)

(State or country)

Cornelius O'Leary

18 NAME OF FATHER

19 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

20 MAIDEN NAME OF MOTHER

Mary O'Meara

21 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

Wife

22

Informant

(Address)

A TRUE COPY

ATTEST:

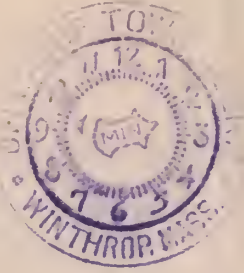
(Registrar of City or Town where death occurred)

DATE FILED

July 9

19 53

V. B. V.



JUL 10 20, 1953 AM

Oct 22, 1917

Apr 26, 1919

PFC

Ambulance Service 520 Sect.

643096

640396

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 152

No. 9 Lincoln St

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Helena Peers Malone

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 9 Lincoln St

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 9 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb 1952 to July 9 1953

I last saw her alive on July 7 1953 death is said to

have occurred on the date stated above, at 1:30 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Myocardial

Heart Disease yrs.

ANTECEDENT

CAUSES

Due To (b) arteriosclerosis

(c) generalized yrs.

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph E. Malone, M. D.

(Address) 194 Washington St. Date 7-10-53

6 Woodlawn Everett (City or Town)

DATE OF BURIAL July 11 1953

7 NAME OF FUNERAL DIRECTOR

John T. O'Kealey

ADDRESS

Received and filed JUL 10 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or Divorced

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE Elias A. Malone

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER John Peers

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Robena Gillies

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Mary J. McConnell
(Address) 9 Lincoln StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents, of following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 612, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these rules calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or Its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

153

PLACE OF DEATH

1

No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

William T. McDonald
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 56 Moon St.
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJuly 11 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 11, 1953, to July 11, 1953

I last saw him alive on July 11, 1953, death is said to

have occurred on the date stated above, at 4:50 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Acute
Coronary Thrombosis.INTERVAL BE-
TWEEN ONSET
AND DEATHabout
8 30
7/11/53ANTECEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? nothing

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Thomas Claffey M. D.
(Address) 21 Green St. Date July 11, 1953

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

July 14

1953

7 NAME OF

FUNERAL DIRECTOR

Walter J. Baker

ADDRESS

Waltham

Received and filed

JUL 14 1953

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

10a If married, widowed, or divorced

HUSBAND of

Mabel Carle

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

76 Years

Months

Days

If under 24 hours

Hours .. Minutes

13 Usual

Occupation:

State Ins. Dept.

(Kind of work done during most of working life)

14 Industry

or Business:

State House Bldg.

15 Social Security No.

none

16 BIRTHPLACE (City)

Chelsea

(State or country)

17 NAME OF

FATHER

Patrick M. McDonald

18 BIRTHPLACE OF

FATHER (City)

Mass

(State or country)

19 MAIDEN NAME

OF MOTHER

Margaret Barry

20 BIRTHPLACE OF

MOTHER (City)

Revere

(State or country)

21

Informant

(Address)

Mrs. Mabel T. McDonald

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

7.14.53

(Date of Issue of Permit)

50M (8)-1-51 903586

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer, shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, and of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. — Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate as defined as required by the preceding section or by section forty-six, shall, if the deceased, at the age of one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States, in a war in which it has been engaged, insert in the certificate a recital of the war, and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians; see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

154

No. Winthrop Community Hospital

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Annie May (Robb) Miller

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 233A Woodside Ave.
(Usual place of abode)St.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 12 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 12, 19 53 to July 12, 19 53I last saw her alive on July 12, 19 53 death is said to
have occurred on the date stated above, at 7:45 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Bronchial Asthma

INTERVAL BE-
TWEEN ONSET
AND DEATH
5 yrsANTE Due To Heart Disease
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT CONDITIONS
Bronchiectasis
Chronic BronchitisMajor findings:
Of operations. None

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify.
(Signed) Sarah W. Robinson M. P.
(Address) Winthrop Mass Date July 12 536 Cambridge Cambridge
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 14 19 53

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass

Received and filed. JUL 18 1953 July 13, 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Divorced

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Louis Miller

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 0 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No.
16 BIRTHPLACE (City) Cambridge
(State or country) Mass.

17 NAME OF FATHER James Robb

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Sarah

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Emmitt Robb
(Address) 62 Halliday St RoslindaleI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter D. Baker
(Signature of Agent of Board of Health or other)Health Office
(Official Designation)7.13.53
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the date of the disease of which he died, defined as required by section 46, where a disease was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death is required by the preceding section or by section forty-five of the laws, enacted on the fourteenth, shall, if the deceased, to the best of his knowledge and belief, was in the army, navy or marine corps of the United States in any war in which he has been engaged, insert in the certificate a recital to that effect, and shall also certify in such certificate both the primary and immediate cause of death as nearly as he can state the same, and comply with any provision of this section, such physician or officer shall receive for his services, for the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall for said purposes be deemed to have taken place between February fourteen, nineteen hundred and nineteen, and July fourth, nineteen hundred and twenty, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS
OR
CERTIFICATEiving
F DEATHenter
man one
for each
) and (c)es not mean
dying, such
re, asthenia,
s the disease,
tions whichconditions,
g rise to the
(a) stating
ing causeons contrib-
death but not
: disease or
using death.Nichols
St. Anns

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

155

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 39 Grovers Ave.,

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Stephen A. White

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran, no
if so specify WAR)(a) Residence. No. 29 Shawmut St.,
(Usual place of abode)St. Revere
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... 8 months..... 11 days. In place of residence..... 35 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJuly 13th 1953
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

November 1, 1952 to July 13, 1953

I last saw him alive on July 12, 1953 death is said to

have occurred on the date stated above, at 12:05 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Broncho pneumonia

ANTE DECEASENT
CAUSES (b)

Cerebral hemorrhage

Due To (c)

Essential hypertension

INTERVAL
BETWEEN
ONSET
AND DEATH

3 days

6 mos.

10 years

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) W.D. Nicholas

(Address) 5 Nichols St. Chelsea

Date July 13, 1953

6 St. Anns Gloucester
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 15, 1953 19

7 NAME OF
FUNERAL DIRECTOR J. Vincent Murray

ADDRESS Revere Mass.

Received and filed JUL 14 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR OR RACE

white

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

10a If married, widowed, or divorced

HUSBAND of Marie Ungvarsky

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 72 years

Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: photographer

(Kind of work done during most of working life)

14 Industry
or Business.....

15 Social Security No. c/b/1

16 BIRTHPLACE (City) Gloucester Mass.
(State or country)17 NAME OF
FATHER

Augustus White

18 BIRTHPLACE OF

FATHER (City)

Prince Edward Isle.

(State or country)

19 MAIDEN NAME

OF MOTHER

Sarah McCormick

20 BIRTHPLACE OF

MOTHER (City)

Prince Edward Isle

(State or country)

21

Informant

(Address)

Stephen G. White

87 Reservoir Ave., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

8/14/53
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which he has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Date of death (making return)

Registered No. 156

No. Danvers State Hospital, Hathorne

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME Philip J. Janson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 61 Sea View Ave.
(Usual place of abode)St. Winthrop
(If not a street, give name of town and State)

Length of stay: In place of death years 1 months 4 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJuly 16, 1953
(Month) (Day)

4 I HEREBY CERTIFY, That I attended deceased from

June 12, 1953, to July 16, 1953

I last saw him alive on July 16, 1953, death is said to

have occurred on the date stated above, at 8:00 P. m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Arteriosclerotic
heart diseaseANTE
CEDENT
CAUSESDue To Generalized
Arteriosclerosis yearsDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Bronchopneumonia 3 days

Major findings:
Of operations

Date of operation

Was autopsy performed?

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Nichols 3rd, M. D.
(Address) Danvers, Mass. Date 7/17/19536 Winthrop Cem. Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 20, 1953

7 NAME OF
FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop, Mass.

Received and filed July 19, 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Gertrude F. DeAngelis
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 78 Years 11 Months 24 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Retired

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City) Portland
(State or country) Maine17 NAME OF
FATHER

James Timothy Jason

18 BIRTHPLACE OF

FATHER (City) Portland
(State or country) Maine

19 MAIDEN NAME

OF MOTHER Annie A. Mulligan

20 BIRTHPLACE OF

MOTHER (City) N. B. Canada
(State or country)

21

Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 20, 1953

Copies of returns of death which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-9015807

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R-301A

PLACE OF DEATH

1

2

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHto enter
than one
for each
(b) and (c)does not mean
of dying, such
ture, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
the disease or
causing death.STANDARD
CERTIFICATE OF DEATH

Registered No.

Winthrop
(City or Town)

No. Winthrop Community Hosp

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Karen Contardo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 29 Ashley
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 17 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 14, 1953 to July 17, 1953

I last saw her alive on July 16, 1953, death is said to

have occurred on the date stated above, at 355 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) prematurity 6 1/2 moINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b) CAUSESDue To
(c)

Placenta previa

OTHER SIGNIFICANT CONDITIONS Placenta previa marginalis

Major findings:
Of operations.

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)..... M. D.

(Address).....

St. Michael's Cemetery (City or Town)

DATE OF BURIAL July 18 1953

7 NAME OF FUNERAL DIRECTOR John Cinacchi & Son
ADDRESS 7 Cooper St. Boston

Received and filed JUL 17 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W. 10 SINGLE MARRIED (write the word)
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE..... Years..... Months..... 2 Days
If under 24 hours
Hours..... Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) Winthrop, Mass
(State or country)

17 NAME OF FATHER Joseph Contardo

18 BIRTHPLACE OF FATHER (City) Boston
(State or country)

19 MAIDEN NAME OF MOTHER Labrona Cassaro

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country)21 Informant Joseph Contardo, Father
(Address) 29 Ashley St. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 7-17-53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and secondary or immediate cause of death as nearly as he can state the same, and neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and ten, and the Mexican border service of nineteen hundred and sixteen to nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 6578158

No. Mass General Hospital (If death occurred in a hospital or institution. St. { give its NAME instead of street and number)

2 FULL NAME John J Gallagher (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 241 Washington Ave St. Winthrop Mass (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. 1 In place of residence 40.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 21, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 20 1953 to July 21 1953

I last saw him alive on July 21 1953, death is said to have occurred on the date stated above, at 9:05p m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hemorrhaging gastric ulcer

INTERVAL BETWEEN ONSET AND DEATH

3 wks

ANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Hypertensive heart disease

Major findings:
Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L R Lezer M. D. Date 7/22 1953
(Address) M G H6 Winthrop Cem Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 24 1953

7 NAME OF FUNERAL DIRECTOR M W Kirby

ADDRESS Winthrop Mass

Received and filed AUG 3 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED

10a If married, widowed, or divorced HUSBAND of Mary E Sullivan (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Deputy Sheriff (Kind of work done during most of working life)

14 Industry or Business: Suffolk County

15 Social Security No. -

16 BIRTHPLACE (City) Boston Mass (State or country)

17 NAME OF FATHER John J Gallagher

18 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)

19 MAIDEN NAME OF MOTHER Bridget Shannon

20 BIRTHPLACE OF MOTHER (City) England (State or country)

21 Informant Wife (Address)

A TRUE COPY ATTEST Charles A. Mackie (Registrar of City or Town where death occurred)

DATE FILED July 24 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

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COPY OF CERTIFICATE OF DEATH

DH-VS-5a-15M-52

STATE OF VERMONT

Certificate No. 159

1. FULL NAME OF DECEASED (First) (Middle) (Last)			2. DATE OF DEATH (Month) (Day) (Year)		
William Alexander Pennie			Jul 22 1953		
3. PLACE OF DEATH a. COUNTY			4. USUAL RESIDENCE (If institution-residence before admission) a. STATE b. COUNTY		
Windham			Mass. Suffolk		
b. CITY OR TOWN (If rural, please state)		c. LENGTH OF STAY (In this place)			
Brattleboro					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					
Brattleboro Retreat					
5. SEX	6. COLOR OR RACE	7. MARITAL STATUS (Check one)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year Months Days
M	W	<input checked="" type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> S	Apr 5th 1877	-76	3 17
10a. USUAL OCCUPATION (Kind of work done most of working life)		10b. BUSINESS OR INDUSTRY		11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
Plumber Ret.				Boston Mass.	U. S.
13. FATHER'S NAME			15. MOTHER'S MAIDEN NAME		
William Pennie			Annie Penney		
14. FATHER'S BIRTHPLACE (Town)		(State or Country)		16. MOTHER'S BIRTHPLACE (Town) (State or Country)	
Scotland				Scotland	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (Give war & dates of service)		18. SOCIAL SECURITY NO.		19. INFORMANT'S NAME (Person giving this information)	
no				Brattleboro Retreat Rec.	
20. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complications which caused death.			Medical Certification		
ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DURATION		
(a) Broncho Pneumonia					
DUE TO					
(b) Chronic Myocarditis					
DUE TO					
(c) Parkinson's Disease					
II. OTHER SIGNIFICANT CONDITIONS (Contributing to the death but not related to disease or condition causing it)					
Chronic Brain Syndrome Associated with Cerebral Arterio sclerosis					
21. DATE OF OPERATION		21a. MAJOR FINDINGS OF OPERATION			22. AUTOPSY
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
23a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	23b. PLACE OF INJURY (In home, farm, factory, street, etc.)		23c. CITY OR TOWN		COUNTY STATE
23d. TIME OF INJURY (Month, day, year)	(hour)	23e. INJURY OCCURRED	23f. HOW DID INJURY OCCUR?		
		While at work <input type="checkbox"/> Not at work <input type="checkbox"/>			
24. I hereby certify that I attended the deceased from May 13 1953, to Jul 22 1953, that I last saw deceased alive on Jul 22 1953 and that death occurred at 630 P. M. from the cause and on the date stated above.					
25a. SIGNATURE		(Degree or Title)		25b. ADDRESS	25c. DATE SIGNED
N. R. Caldwell		M. D.		Brattleboro Vt.	Jul 22-1953
26a. BURIAL, CREMATION, REMOVAL (Specify)	26b. DATE	26c. NAME OF CEMETERY OR CREMATORY		26d. LOCATION (Town or County) (State)	
	July 23 1953	Puritan Lawn		Lynnfield Mass. Suffolk	
27. DATE REC'D BY TOWN OR CITY CLERK	28. CLERK'S SIGNATURE		29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
July 25, 1953	Jettie B. Tupper		Mitchell-Ker Funeral Home		
	Asst. Town Clerk		Waldo W. Ker - Owner-Brattleboro.		

AUG 6 1953

State definitely the cause of death.

Avoid as far as possible all terms classified as "causes ill-defined."

When any item called for cannot be obtained fill in the blank space "unknown."

Write the name of deceased in full; initials only are not acceptable.

EXTRACTS FROM THE PUBLIC LAWS OF VERMONT

Certificate furnished family; burial permit. The physician or person filling out the certificate of death, within thirty-six hours after death, shall deliver the same to the family of the deceased, if any, or to the undertaker or person who has charge of the body; and such certificate shall be filed with the person issuing the certificate of permission for burial, entombment or removal obtained by the person who has charge of the body, before such dead body shall be buried, entombed or removed from the town. When such certificate of death is so filed, such officer or person shall immediately issue a certificate of permission for burial, entombment or removal of the dead body under legal restrictions and safeguards.

Unauthorized burial or removal; penalty. A person who buries, entombs, transports or removes the dead body of a human being without the certificate of permission so to do, or in any other manner or at any other time or place than as specified in such certificate, shall be imprisoned not more than one year or fined not more than five hundred dollars nor less than ten dollars, or both.

Use separate form for filing fetal deaths (stillbirths).

These forms may be obtained from the State Health Department, Burlington.

Town Clerk's Office, Brattleboro, Vt., August 1, 1953

I hereby certify that the foregoing is a true copy.


(Town or City Clerk)

DUTY OF TOWN CLERK

Vermont Statutes, Revision of 1951

Sec. 219. On the first day of each month, he shall make a certified copy of all births, marriages and deaths filed in his office during the preceding month, except births of illegitimate children, whenever the parents of a child born, or a bride or a groom or a deceased person was a resident in any other town at the time of such birth, marriage or death, and shall transmit such certified copy to the clerk of such other town who shall file the same.

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as failure, asthenia,
or the disease,
indications which
lead to death.and conditions,
leading rise to the
cause (a) stating
the underlying causeconditions contrib-
ing to death but not
the disease or
causing death.

50M-3-53-909098

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

160

No. 39 Grovers Ave. Winthrop

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Charles William Swaine

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)

(a) Residence. No. 114 Fenway

(Usual place of abode)

Boston

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years... 3 months..... days. In place of residence 50 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 23 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 22, 1953, to July 23, 1953.I last saw him alive on July 23, 1953, death is said to
have occurred on the date stated above, at 10 A.M.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Chronic Myocarditis 1 yr

INTERVAL
BETWEEN
ONSET
AND
DEATH

ANTECEDENT CAUSES Due To Chronic Nephritis 2 yr

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes 5 yrs

Major findings:
Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis F. Salerno M. D.
(Address) 125 Pleasant St. Boston Date July 23, 19536 Mt. Auburn Crematory Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 25, 1953 19

7 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons

ADDRESS Boston, Mass.

Received and filed JUL 24 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 8 Months 9 Days If under 24 hours Hours Minutes

13 Usual Occupation: Retired Musician (Kind of work done during most of working life)

14 Industry or Business: Music

15 Social Security No. none

16 BIRTHPLACE (City) Belmont, N.H. (State or country)

17 NAME OF FATHER William L. Swaine

18 BIRTHPLACE OF FATHER (City) Belmont, N.H. (State or country)

19 MAIDEN NAME OF MOTHER Annie E. Leighton

20 BIRTHPLACE OF MOTHER (City) Belmont, N.H. (State or country)

21 Information John H. Dawson--friend (Address) 60 State St. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)

(Date of Issue of Permit) 7.24.53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall for said purposes, be deemed to have taken place between February fourteenth, nineteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the United States service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hosp. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Magee
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 33 Nevada
(Usual place of abode)S. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 4 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ications which
th.d conditions,
ing rise to the
(a) stating
lying causeions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 24 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
7/22 1953 to 7/24 1953

I last saw her alive on 7/21 1953, death is said to

have occurred on the date stated above, at 9:30 P. M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) acute anterior myocardial infarct
anterior
myocardial infarctINTERVAL BE-
TWEEN ONSET
AND DEATH

30 min

ANTECEDENT CAUSES (b) Hypertension
10 yrsDue To
(c)

OTHER SIGNIFICANT CONDITIONS Cerebral hemorrhage post 6/1

Major findings: none
Of operations

Date of operation: Was autopsy performed?

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased?

If so, specify: Finger 7. 1st

(Signed) (Address) 122 W. Pl. Winthrop St. Date 7/21 1953

(City or Town)

DATE OF BURIAL July 26 1953

7 NAME OF FUNERAL DIRECTOR Aaron Golov

ADDRESS Washington St. Worcester

Received and filed July 27 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED, WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Julius Magee
(Give maiden name of wife in full)(or) WIFE of Julius Magee
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Abraham Westernman

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Anna - Cannot be learned

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Julius Magee 33 Nevada St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)7/25/53
(Date of Issue of Permit)

50M (B)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer at the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury, including not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 231 Bowdoin Street

2 FULL NAME Elsie (W. W. W. W.) Harper
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 231 Bowdoin Street
(Usual place of abode) 39St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence 39 years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
means the disease,
ications which
eath.bid conditions,
iving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
to the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 27 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 51, 1951, to 27 July 1953I last saw her alive on 24 July 1953, death is said to
have occurred on the date stated above, at 4 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of liver 2 mo

ANTECEDENT CAUSES Due To Carcinoma of breast 8 mo

Due To (c)

OTHER SIGNIFICANT CONDITIONS Angina Pectoris 10 yrs.

Major findings: Carcinoma of breast

Date of operation Dec. 1952 Was autopsy performed? no

What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify Arthur C. Murray

(Signed) Winthrop, Mass. Date 28 July 1953

(Address) Winthrop Winthrop

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 29 1953

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed 1953 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 162

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Ralph M Harper
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 5 Months 27 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City, State or country) Charleston South Carolina

17 NAME OF FATHER Carsten Wulbern

18 BIRTHPLACE OF FATHER (City, State or country) Unable to obtain Germany

19 MAIDEN NAME OF MOTHER Meta

20 BIRTHPLACE OF MOTHER (City, State or country) Unable to obtain Germany

21 Informant (Address) Ralph M Harper 231 Bowdoin St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 7.25.53
(Official Designation) (Date of Issue of Permit)

SOM-2-19-25666

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until the facts shall have been delivered to such board, agent or clerk, as the case may be, in a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, it is enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25W-3-53-909098

1 PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)

No. Beth Israel Hospital

2 FULL NAME Mary Adelman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 36 Wave Way Avenue St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 30, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 30, 19 53, to July 30, 19 53

I last saw her alive on July 30, 1953 death is said to have occurred on the date stated above, at 4:50P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) bilateral confluent bronchopneumonia

ANTECEDENT CAUSES Due To pulmonary artery thrombosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS phlebitis

Major findings: none
Of operations.

Date of operation..... Was autopsy performed? yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Nathaniel Cohen
(Address) Beth Israel Date July 30, 1953

6 Place of Burial or Cremation Mt. Lebanon W. Roxbury (City or Town)
DATE OF BURIAL July 31, 1953 19

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St. Dor.

Received and filed AUG 10 1953 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 6815163

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR) no

St. WINTHROP
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX fem. 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widow

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Louis Adelman (or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation housewife (Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No. -

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Gershon BAKER

18 BIRTHPLACE OF FATHER (City) RUSSIA (State or country)

19 MAIDEN NAME OF MOTHER Eva --

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant (Address) Ethel Adelman 52 Clearway St. Boston

A TRUE COPY

ATTEST: Charles J. Ingle (Registrar of City or Town where death occurred)

DATE FILED AUG. 1, 1953 19

RECEIVED



AUG10 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-303 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(c)-11-49-900.475

M R-305

PLACE OF DEATH

Middlesex

(County)
Cambridge

(City or Town)

Eliot Rest Home

No. Mary J. Davis

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)
26 Sturgis St.

(a) Residence. No. about
(Usual place of abode) 2

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



Cambridge

(City or town making return)

1058

Registered No. 164

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, or a member of the U. S. Armed Forces (including WAR))
Winthrop

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Cerebral thrombosis

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19.....

Where did

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of Injury

(How did injury occur?)

Nature of Injury

While at work? Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased? no

If so, specify

Peter A. Delmonico

(Signed) 43 Cross St., Belm.

(Address) Winthrop Cemetery, Winthrop, Mass. Date 7/30 M.D. 1953

7 Place of Burial, or Cremation August 3, 1953 (City or Town)

DATE OF BURIAL

8 NAME OF FUNERAL DIRECTOR

147 Winthrop St., Winthrop

ADDRESS

Received and filed AUG 6 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female

10 COLOR OR RACE Col.

11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow

11a If married, widowed, or divorced

HUSBAND of

Lee A. Davis (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE Years Months Days

If under 24 hours

Hours Minutes

14 Usual Occupation:

housewife (Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No.

Bridgeton, Nova Scotia

17 BIRTHPLACE (City) (State or country)

18 NAME OF FATHER

James T. Welch

19 BIRTHPLACE OF FATHER (City) (State or country)

Bridgeton, N.S.

20 MAIDEN NAME OF MOTHER

Margaret Edison

21 BIRTHPLACE OF MOTHER (City) (State or country)

Bridgeton N.S. Bureau of Old Age Assistance

22 Informant (Address) Winthrop, Mass.

A TRUE COPY.

ATTEST:

Frederick H. Burke (Registrar of City or Town where death occurred)

DATE FILED

July 31, 1953

19

RECEIVED



AUG-6

AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

165

Suffolk

(County)

Winthrop

(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No.

No. Cottage Park Yacht Club

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Harold Cleverly Slocomb

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 25 Pleasant St

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 28 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 31 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1952 to July 30 1952

I last saw him alive on July 30, 1953, death is said to have occurred on the date stated above, at 3:00 P. m.

INTERVAL BETWEEN ONSET AND DEATH 1 year

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage

ANTE CEDENT CAUSES Due To Hypertension (b)

Due To Arteriosclerosis (c)

OTHER SIGNIFICANT CONDITIONS none

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. B. Greenfield M. D.
(Address) 447 State St. W. Everett Date Aug 3 19536 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 3 1953

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop

Received and filed. AUG 8 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Married10a If married, widowed, or divorced Agnes Woodbury
HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 7 Months 19 Days If under 24 hours
Hours Minutes13 Usual Occupation: Claim Manager
(Kind of work done during most of working life)

14 Industry or Business: Life Insurance Co.

15 Social Security No. 012-09-8547

16 BIRTHPLACE (City) Cambridge
(State or country) Mass.

17 NAME OF FATHER Elmer Slocomb

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Bessie -----

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Agnes Slocomb
(Address) 25 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 8-3-53
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

50M (B)-1-51 903586

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 48, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The purpose of these laws calls for the observance of the following practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Hampden

(County)

Monson

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

MONSON

(City or town making return)

Registered No.

166

No. Monson State Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Gertrude A. (McCormack) Barry
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR.)(a) Residence. No. 34 Read (Reed) Street
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 23 years 7 months 5 days. In place of residence 7 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 16 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Coronary Thrombosis
Epilepsy

5 Accident, suicide, or homicide (specify) none

Date and hour of injury none 19

Where did
Injury occur? none
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? none
(Specify type of place)Manner of
Injury none
(How did injury occur?)Nature of
Injury none

While at work? no Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) Benjamin Schneider M. D.

(Address) Monson, Mass. Date July 16, 1953

7 Winthrop Cemetery, Winthrop, Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL July 18 1953

8 NAME OF
FUNERAL DIRECTOR John E. O'Maley
ADDRESS 79 Atlantic, Winthrop, Mass.

Received and filed. July 14, 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE white 11 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William H. Barry
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 59 Years 6 Months 5 Days If under 24 hours
Hours Minutes14 Usual Occupation: Housewife
(Kind of work done during most of working life)15 Industry Telephone office, clerk
or Business: 83416 Social Security No. Boston
17 BIRTHPLACE (City)
(State or country)

18 NAME OF FATHER Austin E. McCormack

19 BIRTHPLACE OF FATHER (City) Prince Edwards
(State or country) Island

20 MAIDEN NAME OF MOTHER Ansthasia Kirby

21 BIRTHPLACE OF MOTHER (City) East Boston
(State or country)22 Informant Records Monson State Hosp.
(Address)

A TRUE COPY.

ATTEST: Henry O. Sanderson
(Registrar of City or Town where death occurred)

DATE FILED July 22, 1953 19

SECRET



AUG 14 1945

PLACE OF DEATH
1Essex
(County)Lynn
(City or Town)

No. Lynn Hospital



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Lynn

(City or town making return)

Registered No.

167

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bertha Briggs (Ruff)
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No.
(Usual place of abode)

Bartlett Rd.

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. years. 1 months. 7 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 2, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 15, 1953, to Aug. 2, 1953

I last saw her alive on Aug. 2, 1953 death is said to

have occurred on the date stated above, at 5:15a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Bronchopneumonia

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 da

ANTE Due To Ca of sigmoid colon
CEDENT (b)
CAUSES

1 yr

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Chronic secondary anemia ?

Major findings: Ca of sigmoid colon with
Of operations. obstruction

Date of operation. Was autopsy performed? yes

What test confirmed diagnosis? Gross Exam.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Clyde Kunik M. D.

(Address) Lynn Hospital Date 8/3, 1953

6 Place of Burial or Cremation Laurel Hill Saco, Me.
(City or Town)

DATE OF BURIAL August 4, 1953

7 NAME OF FUNERAL DIRECTOR Garrett J. Wall

ADDRESS 103 Johnson St., Lynn

Received and August 4, 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR OR RACE W

10 SINGLE (write the word)
MARRIED Wid.
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Lewis C. Briggs

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 years 4 Months 4 Days If under 24 hours
Hours Minutes13 Usual Occupation: at home
(Kind of work done during most of working life)

14 Industry or Business: - - - -

15 Social Security No. - - - -

16 BIRTHPLACE (City) Troy
(State or country) New York

17 NAME OF FATHER Felix Ruff

18 BIRTHPLACE OF FATHER (City) New York
(State or country)

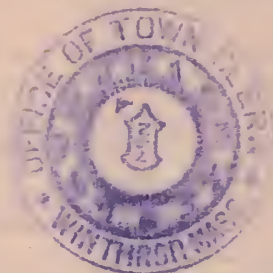
19 MAIDEN NAME OF MOTHER Mary E. Harrigan

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Lewis C. Briggs
(Address) 35 Locust St., Marb.

A TRUE COPY

ATTEST: James A. Dumas MD
(Registrar of City or Town where death occurred)Commissioner August 4, 1953
DATE FILED

RECEIVED



SEP-9

AM

1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
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death but not
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50M (8)-1-51 903586

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

40 Thornton Park

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 168

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Frederick Boardman Chace
(If deceased is a married, widowed or divorced woman, give also maiden name.)

40 Thornton Park

(a) Residence. No. 40 Thornton Park St. 40
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 18 years months days. In place of residence 50 years months days.

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 4 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 1, 1953, to Aug 4, 1953

I last saw him alive on Aug 4, 1953 death is said to

have occurred on the date stated above, at 2:45 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Atherosclerosis

Heart Disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

4 years

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation none Was autopsy performed?

What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) Union Chatham Date Aug 5, 1953

6 Place of Burial or Cremation Chatham (City or Town)

DATE OF BURIAL Aug 7 1953

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed AUG 6 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Lucy Howes
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 10 Months 25 Days If under 24 hours
Hours Minutes13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Jewellery

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Charles Chace

18 BIRTHPLACE OF FATHER (City) Maine
(State or country)

19 MAIDEN NAME OF MOTHER Loretta Stevens

20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)21 Informant Boardman Chace
(Address) 40 Thornton ParkI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 8-6-53
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

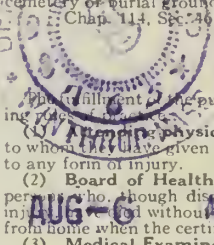
A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).


RULES OF PRACTICE

The efficient purpose of these laws calls for the observance of the following rules:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
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ing rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

50m-(b)-11-40-900, 560

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Mount Rest Home 104 Highland Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Mae Barnett (Taylor)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 104 Highland Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death... years... 5 months... days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 6 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from April 1953 to Aug 6, 1953
I last saw her alive on Aug 6, 1953 death is said to have occurred on the date stated above, at 10 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

ANTE CEDENT CAUSES

Due To (c)

Sudden Hypertension

10 yrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Harry H. Baker

(Address) 67 Canton St., Boston Date 7 Aug 1953 M. D.

6 Place of Burial or Cremation Woodlawn Cemetery Everett (City or Town)

DATE OF BURIAL August 10, 1953

7 NAME OF FUNERAL DIRECTOR Leslie W. Pike
ADDRESS 305 Beach St. Revere

Received and filed August 10, 1953

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 169

To be filed for burial permit
with Board of Health
or its Agent.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Harry Barnett
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 9 Months 18 Days If under 24 hours Hours Minutes

13 Usual Occupation at Home
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Meriden Connecticut
(State or country)

17 NAME OF FATHER Henry Taylor

18 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

19 MAIDEN NAME OF MOTHER Mae Golden

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)21 Informant Harry Barnett
(Address) 33 Locust Ave., Lexington

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 8-10-53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma, (including resulting septicemia), and by the action of chemical (e.g., gas), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

AUG 10 of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 120

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Blanche E. Fisher (Dargie)**
(If deceased is a married, widowed or divorced woman, give also maiden name.)**PHYSICIAN — IMPORTANT**
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. **49 Pico Ave.,**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. **2** days. In place of residence **30** years. months. days.INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
silence, asthenia,
as the disease,
indications which
with.and conditions,
giving rise to the
se (a) stating
lying causeconditions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 6, 1953.**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 24, 1953 to August 6, 1953I last saw h **er** alive on **August 6, 1953**, death is said to
have occurred on the date stated above, at **11:55 P.M.**DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Cerebral hemorrhage**
with left hemiplegiaANTE
CEDENT
CAUSES

Due To

(b) **Hypertensive heart -**
enoclastic arteriosclerosis

Due To

(c) **Generalized arterio-**
sclerosisINTERVAL BE-
TWEEN ONSET
AND DEATH**36 hours****2 years****3 years**OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. **None**Date of operation. Was autopsy performed? **No.**What test confirmed diagnosis? **Clinical & Laboratory.**5 Was disease or injury in any way related to occupation of deceased? **No.**

If so, specify

(Signed) **Maureen Tranchesi, M.D.**(Address) **562 Shirley St., Winthrop** Date **Aug 6, 1953.**6 **Winthrop** **Winthrop**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **August 10, 1953**7 NAME OF FUNERAL DIRECTOR **John F. O'Malley**ADDRESS **Winthrop Mass**Received and filed. **AUG 7 1953**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR OR RACE **White** 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Sidney C. Fisher**

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **75** Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)14 Industry or Business: **Own Home**

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) **Nova Scotia**17 NAME OF FATHER **Norman Dargie**18 BIRTHPLACE OF FATHER (City)
(State or country) **Nova Scotia**19 MAIDEN NAME OF MOTHER **Eliza Goldsmith**20 BIRTHPLACE OF MOTHER (City)
(State or country) **Nova Scotia**21 Informant **Sidney C. Fisher**
(Address) **49 Pico Ave Winthrop**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:**Walter C. Baker**
(Signature of Agent of Board of Health or other)**Health Officer** **8-7-53**
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

PLACE OF DEATH
1

WORCESTER

(County)
GRAFTON
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 121

No. Grafton State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mary Lanekin (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR NO. no)(a) Residence. No. Grafton St. Hosp., 5 Waveway Ave., Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death 3 years 21 months 30 days. In place of residence 30 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 7, 1953 (Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1953, Augt 7, 1953I last saw her alive on August 7, 1953, death is said to have occurred on the date stated above, at 6:30 P.M.DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Peritonitis

INTERVAL BETWEEN ONSET AND DEATH

Sdv. weeksANTE CEDENT CAUSES (b) Intradominal Abscesssev. weeks

Due To (c)

OTHER SIGNIFICANT CONDITIONS noneMajor findings: Abdominal wall abscess

Of operations

Date of operation 7/7/53 Was autopsy performed? noWhat test confirmed diagnosis? Ulin & Lab.5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. H. Morina Date 8/7/53 M. D.(Address) North Grafton,6 Place of Burial or Cremation St. Philo T. Filo, W. Roxbury (City or Town)DATE OF BURIAL August 9, 19537 NAME OF FUNERAL DIRECTOR Louis SchwabergADDRESS 1272 Blue Hill Cove, MattapanReceived and filed SEP 9 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) Married Widowed or Divorced

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of ? (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years Months Days If under 24 hours Hours Minutes13 Usual Occupation Stitcher (Kind of work done during most of working life)14 Industry or Business Garment Industry15 Social Security No. no16 BIRTHPLACE (City) Russia (State or country)17 NAME OF FATHER Jacob Kranitz18 BIRTHPLACE OF FATHER (City) Not learned (State or country) Russia19 MAIDEN NAME OF MOTHER Sarah Kranitz20 BIRTHPLACE OF MOTHER (City) Russia (State or country)21 Informant (Address) Harry GruberA TRUE COPY 24 Seafoam Ave., WinthropTESTED Raymond P. Jordan Registrar of City or Town where death occurredDATE FILED B. H. 8/8/53

RECEIVED



SEP-9

AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

172

No. Mayflower Nursing Home

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Abbie Elizabeth Sanborn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No.

(a) Residence. No. 59 Crest Avenue

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 14 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 8 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 17, 1953, to August 8, 1953.
I last saw her alive on August 6, 1953, death is said to
have occurred on the date stated above, at 12:05 A.M.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Lymphosarcoma

3 mos.

ANTECEDENT
(b) CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSDeposits of fibrin
old polio.Major findings:
Of operations none

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? Clinical + Laboratory

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Maurice J. Leighton, M.D.

(Address) 162 Clinton St., Boston, Mass.

6 Winthrop Cemetery, Winthrop, Mass.
(City or Town)

DATE OF BURIAL August 10 1953

7 NAME OF
FUNERAL DIRECTOR

Alfred B. Glorak

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed Aug. 10, 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED single
WIDOWED
or DIVORCED

female white

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 4 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Machias
(State or country) Maine

17 NAME OF FATHER Gilbert Sanborn

18 BIRTHPLACE OF FATHER (City) Machias
(State or country) Maine

19 MAIDEN NAME OF MOTHER Susan Leighton

20 BIRTHPLACE OF MOTHER (City) Machiasport
(State or country) Maine21 Informant Eugene D. Sanborn
(Address) 59 Crest AvenueI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Hakke
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8.10.53

R-301A

PLACE OF DEATH

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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for each
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h.d conditions,
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(a) stating
ying causeions contrib-
death but not
e disease or
causing death.

50M-10-52-908091

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. (G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. Those include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Com. Hospital

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

123

To be filed for burial permit
with Board of Health
or its Agent.{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Willomena (Filomena) Beatrice

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 51 Everett
(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death. years months 1 days. In place of residence 53 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ature, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causeions contrib-
e death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 9 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 8, 1953, to Aug 9, 1953I last saw her alive on Aug 8, 1953 death is said to
have occurred on the date stated above, at 10:15 m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) pulmonary Edema
(b) acuteANTE Due To congestive heart failure
CEDENT (b) 8/7/53
CAUSES chronic myocarditisDue To 8/7/53
(c) 1953
sclerosisOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? Clinical Exam

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James S. Schmitt M. D.

(Address) 1234 Main St. Date Aug 5 1953

6 Holy Cross Malden (City or Town)

Place of Burial or Cremation

DATE OF BURIAL August 12 1953 19

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

9 Chelsea St. East Boston

ADDRESS

Received and filed Aug 11, 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Martino Beatrice
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: House Wife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Lawrence Tulio

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Maria Maratta

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Martino Beatrice
(Address) 51 Everett St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)Health Officer 8-11-53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

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of dying, such
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cations which
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id conditions,
ing rise to the
se (a) stating
lying cause

tions contrib-
e death but not
the disease or
causing death.

50M-5-52-907046

PLACE OF DEATH

1

Suffolk
(County)
East Boston
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *174*

No. *Winthrop Community Hospital* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Anthony W. Nalen*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) *None*

(a) Residence. No. *305* *Keelington St.* *East Boston*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death *26* years *26* months *26* days. In place of residence *26* years *26* months *26* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Aug 9 1953*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *Feb 8 1953* to *Aug 9 1953*

I last saw him alive on *Aug 9 1953*, death is said to

have occurred on the date stated above, at *9:50 a.m.*

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) *Myocardial infarction*

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 hrs

ANTECEDENT CAUSES
(b) *Chronic disease of*

Due To

(c) *Chronic disease of*

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations *None*

Date of operation *Aug 9 1953* Was autopsy performed? *Yes*

What test confirmed diagnosis? *Cholesterol & X-ray*

5 Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify

(Signed) *Dr. J. J. Magrath*(Address) *305 Keelington St. East Boston*M. D. *1953*6 *St. Benedict*

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

*Aug 12*19 *53*

7 NAME OF

FUNERAL DIRECTOR

ADDRESS *East Boston*

Received and filed

Aug 11, 1953

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Married*

10a If married, widowed or divorced
HUSBAND of *Gertrude M. Marshall*
(Give maiden name of wife in full)

(or) WIFE of *Gertrude M. Marshall*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *49* Years *49* Months *49* Days
If under 24 hours
Hours *49* Minutes

13 Usual Occupation: *clerk*
(Kind of work done during most of working life)

14 Industry or Business *Mail Box Storage Co.*

15 Social Security No. *022-03-8073*

16 BIRTHPLACE (City) *Northampton*
(State or country) *Mass*

17 NAME OF FATHER *George Nalen*

18 BIRTHPLACE OF FATHER (City) *Russia*
(State or country)

19 MAIDEN NAME OF MOTHER *Petronella Tomas*

20 BIRTHPLACE OF MOTHER (City) *Russia*
(State or country)

21 Informant (Address) *Gertrude M. Nalen*
305 Keelington St. E Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Hapke
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

8-11-53
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 125

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie H. Morton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) h(a) Residence. No. 2 Loran Terrace
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 24 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUGUST 12 1953
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
July 2 1953, to August 12 1953

I last saw her alive on August 11, 1953, death is said to

have occurred on the date stated above, at 7:45 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Severe benign nephrosclerosis with renal failure

INTERVAL BETWEEN ONSET AND DEATH

6 wks

ANTECEDENT CAUSES

Due To (b) Hypertensive heart disease

Due To (c) Generalized arteriosclerosis

1 1/2 yrs

2 yrs

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations. None

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. Thomas J. J.

(Address) 562 Cherry St. W. Lynn, Mass.

6 Place of Burial or Cremation Pine Grove Cem. (City or Town) Lynn

DATE OF BURIAL Aug. 14 1953

7 NAME OF FUNERAL DIRECTOR Wendell C. Parker

ADDRESS 35 Franklin St. Lynn

Received and filed AUG 14 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED MARRIED WIDOWED WIDOWED OR DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Herbert O. Morton (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Free housework (Kind of work done during most of working life)

14 Industry or Business: Hardware

15 Social Security No. 028-09-7475

16 BIRTHPLACE (City) Lynn Mass

17 NAME OF FATHER John F. Harding

18 BIRTHPLACE OF FATHER (City) Lowell

(State or country) Vermont

19 MAIDEN NAME OF MOTHER Harriet Cassie

20 BIRTHPLACE OF MOTHER (City) Malone

(State or country) N. Y.

21 Informant Mrs. J. Smith (Sister) (Address) 2 Loran Terr. (Winthrop)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 8-12-53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-53-909098

PLACE OF DEATH

1

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass General Hospital - Baker Memorial

No.

2 FULL NAME ISRAEL GINSBERG -also called- ISADORE GINSBERG

(If deceased is a married, widowed or divorced woman, give also maiden name.)

29 Underhill

(a) Residence. No.

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 13 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from 8/12 19 8/13 53

I last saw him alive on 8/13 53 death is said to have occurred on the date stated above, at 6:45a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) hypertensive cardio-vascular disease

INTERVAL BETWEEN ONSET AND DEATH

5mos.

ANTECEDENT (b) Due To essential hypertension

5mos.

Due To arteriosclerotic heart disease

6mos.

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) E Neumann

(Address) MCH

Date 8/13 M. D. 1953

6 Place of Burial or Cremation Liberty Progressive Everett

(City or Town)

DATE OF BURIAL Aug 14 53

7 NAME OF FUNERAL DIRECTOR H Torf

ADDRESS Chelsea, Mass.

Received and filed AUG 21 1953

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 766 178

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed or divorced HUSBAND of Lena Copans (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Contractor - Builder (Kind of work done during most of working life)

14 Industry or Business: Building Construction

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Benjamin Ginsberg

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER -cannot be learned-

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) B Ginsberg

A TRUE COPY

ATTEST, Charles J. Inackie (Registrar of City or Town where death occurred)

DATE FILED Aug 17 1953

RECEIVED



AUG 24 AM

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 177

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 265 River Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Abraham Watchmaker
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) 26(a) Residence. No. 265 River Rd. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 13 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at m.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Natural Causes
Unusually Cerebral HemorrhageANTECEDENT CAUSES
(b)Due To
(c)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS

Major findings: no
Of operations:

Date of operation: Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles F. Lippman M. D.

Winthrop Board of Health date 8/13/1953

Place of Burial or Cremation Mt. Lebanon Ind. Burial Home - W. Rte. 1
(City or Town)

DATE OF BURIAL August 14 1953

7 NAME OF FUNERAL DIRECTOR Oleg Solov

ADDRESS 10 Washington St. Rochester

Received and filed. AUG 14 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow

10a If married, widowed, or divorced HUSBAND of William Cohen
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Variety Store
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 1

16 BIRTHPLACE (City) Lithuania
(State or country)

17 NAME OF FATHER Isaac Watchmaker

18 BIRTHPLACE OF FATHER (City) Lithuania
(State or country)

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Lithuania
(State or country)21 Informant: Sadie Grynansky
(Address) 265 River Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer 8-14-53
(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

178

Registered No. 7285

No. enroute to Mass. General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

WALTER ROWE
20 Coral Ave.,

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. (Usual place of abode)

xxx Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 17 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Arteriosclerosis of coronary
arteries

5 Accident, suicide, or homicide (specify)

Date and hour of injury. 19.

Where did
Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place? (Specify type of place)

Manner of
Injury (How did injury occur?)

Nature of
Injury

While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Luongo M. D.

(Address) Boston Date 8/17/53

7 Winthrop Winthrop

Place of Burial, or Cremation. Aug 20 (City or Town) 53

DATE OF BURIAL 19 53

8 NAME OF FUNERAL DIRECTOR J O'Maley

ADDRESS Winthrop, Mass.

Received and filed. AUG 21 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married

11a If married, widowed, or divorced
HUSBAND of Virginia M Visconte
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 43 AGE Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation: Taxi Driver
(Kind of work done during most of working life)

15 Industry or Business: 029-10-4294

16 Social Security No. Winthrop Mass

17 BIRTHPLACE (City) (State or country)

18 NAME OF FATHER Charles Rowe

19 BIRTHPLACE OF FATHER (City) (State or country) Canada

20 MAIDEN NAME OF MOTHER Marion Powers

21 BIRTHPLACE OF MOTHER (City) (State or country) Vancouver B C

22 Informant (Address) V Rowe

A TRUE COPY.
ATTEST: Charles H. Mackay
(Registrar of City or Town where death occurred)

DATE FILED Aug 20 19 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



AUG 24

AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No.

179

No. Winthrop Convalescent Home

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Marjorie Isobel Tatum

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO.

(a) Residence. No. 75 Washington Avenue

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years 4 months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 18 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 15, 1951 to Aug 18, 1953

I last saw her alive on Aug 17, 1953 death is said to

have occurred on the date stated above, at 12:15 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Carcinoma
of liver and bowelINTERVAL BE-
TWEEN ONSET
AND DEATH

2 yrs

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation Nov 20, 1951 as autopsy performed?

What test confirmed diagnosis? Pathology Tests

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

M. D.
19536 Winthrop Cemetery Winthrop Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 20, 1953

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 174 Winthrop St Winthrop, Mass.

Received and filed AUG 20 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

female

white

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles Coleman Tatum

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 75 Years 10 Months 0 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: housekeeper

(Kind of work done during most of working life)

14 Industry

or Business: private residence

15 Social Security No.

none

16 BIRTHPLACE (City)

Gloucester

(State or country)

Mass.

17 NAME OF

FATHER

Hugh MacKay

18 BIRTHPLACE OF

FATHER (City)

Charlotetown

(State or country)

Prince Edward Island

19 MAIDEN NAME

OF MOTHER

Margaret Armstrong

20 BIRTHPLACE OF

MOTHER (City)

County Sligo

(State or country)

Ireland

21

Informant

(Address)

Mrs. Ralph M. Navis

108 Marlborough St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or Its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 180

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Greenberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, no.
if so specify WAR)(a) Residence. No. 555 Beach St. Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 3 months 1 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 21 1953
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1952 to Aug 21 1953

I last saw her alive on Aug 20 1953, death is said to

have occurred on the date stated above, at 10:20 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinoma of breast metastatic

INTERVAL BE-
TWEEN ONSET
AND DEATH

16 wks.

ANTECEDENT (b) General Metastasis to brain & etc.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Consultation

Date of operation Was autopsy performed?

What test confirmed diagnosis Consultation & X-rays

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 120 Shirley Ave. Date 8/22 1953

6 Hebrew Progressive, West Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 23, 1953

7 NAME OF FUNERAL DIRECTOR Ben F. Solomon

ADDRESS 420 Harvard St. Brookline

Received and filed AUG 21 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Isaac Greenberg

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 38 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City). Russia
(State or country)

17 NAME OF FATHER Oshu White

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Annie Bleiswis

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21 Informant Isaac Greenberg
(Address) 655 Beach St., Revere, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)Health Officer 8-22-53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No.

181

No. 40 Sagamore Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Frances Mc Gunigle

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 40 Sagamore Avenue St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence 45 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 21, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug. 1953 to Aug. 21, 1953

I last saw her alive on Aug. 19, 1953 death is said to

have occurred on the date stated above, at 8:45 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cordial infarction

(b) Hypertension

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH 1 day

10 yrs.

10 yrs.

OTHER SIGNIFICANT CONDITIONS none

Major findings: none

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased no

If so, specify (Signed) Charles L. S. M. D.

(Address) 238th Ave. Date 8/22/1953

6 Winthrop Cemetery Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 24, 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed AUG 25 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED widowed WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE Archibald Rupert McGunigle

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 11 Months 02 Days If under 24 hours

Hours Minutes

13 Usual Occupation: housewife

(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) New Haven

(State or country) Ct.

17 NAME OF FATHER Daniel L. Sharpe

18 BIRTHPLACE OF FATHER (City) Albany

(State or country) New York

19 MAIDEN NAME OF MOTHER Mary E. Norton

20 BIRTHPLACE OF MOTHER (City) Gilford

(State or country) Ct.

21 Informant Albert S. McGunigle

(Address) 40 Sagamore Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8-24-53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from town when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Winthrop

(County)

Suffolk

(City or Town)

No. 210 Pleasant St.



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 182

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Margaret J. Walsh
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 210 Pleasant St. St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 15 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
rlyng causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 21 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 1, 1952 to Aug. 21, 1953I last saw her alive on Aug. 20, 1953 death is said to
have occurred on the date stated above, at 12-36 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinomatous
falciform TestINTERVAL BE-
TWEEN ONSET
AND DEATH

1952

ANTECEDENT (b) Due To
CAUSES NoneDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Carcinomatous
Of operations

Date of operation: Nov. 15, 1952 Was autopsy performed? No

What test confirmed diagnosis? Pathological ex

5 Was disease or injury in any way related to occupation of deceased? W

If so, specify

(Signed)

(Address)

b. H. Cross

M. D.

Date Aug. 21, 1953

6 Place of Burial or Cremation Hply Cross Malden (City or Town)

DATE OF BURIAL Aug. 24 1953

7 NAME OF FUNERAL DIRECTOR R. J. De Hill

ADDRESS Revere

Received and filed AUG 21 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 27 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation At home
(Kind of work done during most of working life)

14 Industry or Business At home

15 Social Security No.

16 BIRTHPLACE (City) Cannot learn
(State or country) Canada

17 NAME OF FATHER John M. Walsh

18 BIRTHPLACE OF FATHER (City) Cannot learn
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Margaret M. Carroll

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Joseph J. Walsh
(Address) 210 Pleasant St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)
(Official Designation) Health Officer (Date of Issue of Permit) 8-24-53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
BOSTON

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7417 183

No. Mass General Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Emma Stout

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 41 Washington St
(Usual place of abode)St. Winthrop Mass
If nonresident, give city or town and State

Length of stay: In place of death 7 years months days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 23, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Cerebral thrombosis following
fracture of femur incurred in
accidental fall

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury Aug 17 19 53

Where did Injury occur? Winthrop
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Home

(Specify type of place)

Manner of Injury Accidental Fall

(How did injury occur?)

Nature of Injury Fracture of femur

While at work? no Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify M A Luongo

(Signed) 25 Shattuck St

(Address) Date 8/23 19 53

7 Place of Burial, or Cremation. Holy Cross Cem Malden Mass
(City or Town)

DATE OF BURIAL Aug 26 19 53

8 NAME OF FUNERAL DIRECTOR H S Reynolds

ADDRESS Winthrop Mass

Received and filed AUG 31 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female	10 COLOR OR RACE White	11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed
--------------	------------------------	---

11a If married, widowed, or divorced

HUSBAND of Nicholas Stout
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 90 Years 8 Months 16 Days	If under 24 hours Hours Minutes
----------------------------------	------------------------------------

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business: At Home

16 Social Security No. Boston Mass

17 BIRTHPLACE (City) (State or country)

18 NAME OF FATHER Jacob Dennis

19 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)20 MAIDEN NAME Catherine McAvoy
OF MOTHER21 BIRTHPLACE OF Bost on Mass
MOTHER (City)
(State or country)22 Informant Emma Townsend
(Address)A TRUE COPY
ATTEST: Charles H. Inackie
(Registrar of City or Town where death occurred)

DATE FILED Aug 26 19 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



AUG 31

AM

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Su 26 014
(County)
Winthrop Mass
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 184

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)
Frank Lazzarino2 FULL NAME Trent Lazzarino
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 55 Shirley Street St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years 2 months days. In place of residence 12 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 24 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 6 1948 to Aug 24 1953
I last saw him alive on Aug 24 1953, death is said to

have occurred on the date stated above, at 9:15 m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Premia

HYPERTROPHIED

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTE CEDENT CAUSES (b) Due To hyperplastic prostate gland
chronic retention(c) Due To Hypertension +
arteriosclerotic heart diseaseOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis? Chest X-rays

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Louis E. Schuchman M. D.
(Address) 193 Shirley St. Boston 276 St Michaels Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 28 1953

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St East Boston

Received and filed AUG 26 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed10a If married, widowed, or divorced
HUSBAND of Assunta Scalesse
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 4 Months 17 Days If under 24 hours
Hours Minutes13 Usual Occupation: Proprietor
(Kind of work done during most of working life)

14 Industry or Business: Grocery Store

15 Social Security No. none

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Vincent Lazzarino

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Regina (CBL)

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Augustus Lazzarino son
(Address) 55 Shirley St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Kalky
(Signature of Agent of Board of Health or other)Health Officer 8-26-53
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 185

No. 65 Waldemar Ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Alfred Harris

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 65 Waldemar Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 39 years months days. In place of residence 51 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 25 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 10 1953 to Aug 25 1953
I last saw him alive on Aug 20 1953 death is said tohave occurred on the date stated above, at 1:45 m.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) General CarcinomatosisINTERVAL BE-
TWEEN ONSET
AND DEATH

1 yr

ANTECEDENT (b) Due To Carcinoma of colon
CAUSES 17 yrsDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Ca of colon -
Of operations 17 yrs ago

Date of operation 17 yrs ago Was autopsy performed? no

What test confirmed diagnosis? pathological study

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) myron h King

(Address) 222 PLEASANT ST. Date 8/25 1953

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 27 1953

7 NAME OF FUNERAL DIRECTOR Edward S. Bennett

ADDRESS

Received and filed AUG 27 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Married
or DIVORCED10a If married, widowed or divorced
HUSBAND of Josephine Hooper
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 4 Months 14 Days If under 24 hours
Hours Minutes13 Usual Occupation: Sheet Metal Worker
(Kind of work done during most of working life)

14 Industry or Business: Heating Co.

15 Social Security No. 025-03-1110

16 BIRTHPLACE (City) Birmingham
(State or country) England

17 NAME OF FATHER Robert Harris

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Elizabeth Dutton

20 BIRTHPLACE OF MOTHER (City)
(State or country) England21 Informant Josephine Harris
(Address) 65 Waldemar Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
Health Officer
(Official Designation) 8-27-53
(Date of Issue of Permit)

R-301A

CTIONS
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CERTIFICATEiving
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50M (8-1-51) 903586

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given medical aid during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

1

No. Boston City Hospital

(If death occurred in a hospital or institution, St. give its NAME instead of street and number)

xxx

2 FULL NAME BARBARA RILEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 42 Myrtle Ave.,
(Usual place of abode)xxx Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In place of death 1 years 1 months 1 days. In place of residence 6 years 6 months 6 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 25 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That was deceased from
8/24 1953 to 8/25 1953I last saw him alive on 8/24 1953, death is said tohave occurred on the date stated above, at 1:15p. m.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) acute pulmonaryedemaINTERVAL BE-
TWEEN ONSET
AND DEATHhrs.ANTE CEDENT
CAUSES

Due To

(b)

lop ears congenital6yrs.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations OtoplastyDate of operation 8/25/53 Was autopsy performed? noWhat test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H Nigro

M. D.

(Address) BCHDate 8/25 19536 Winthrop Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL Aug 28 19537 NAME OF FUNERAL DIRECTOR J O'MaleyADDRESS Winthrop, Mass.Received and filed SEP 8 1953 1953

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7533 186

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 6 Years 10 Months 10 Days
If under 24 hours
Hours 10 Minutes13 Usual Occupation: Student
(Kind of work done during most of working life)14 Industry or Business: School15 Social Security No. - - -16 BIRTHPLACE (City) Chelsea,
(State or country) Mass17 NAME OF FATHER George Riley18 BIRTHPLACE OF FATHER (City) Chelsea,
(State or country) Mass19 MAIDEN NAME OF MOTHER Barbara McQueeney20 BIRTHPLACE OF MOTHER (City) Chelsea,
(State or country) Mass21 Informant (Address) G Riley

A TRUE COPY

ATTEST: Charles A. Trickett
(Registrar of City or Town where death occurred)Aug 31DATE FILED 19 53

RECEIVED



SEP-8

AM

FORM R-301A

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

1. Giving
OF DEATH

2. Not enter
than one
for each
(b) and (c)

3. does not mean
of dying, such
failure, asthenia,
trans the disease,
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ath.

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ving rise to the
se (a) stating
erlying cause

5. sitions contrib-
the death but not
the disease or
causing death.

SOM-3-53-909098

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 187

No. 23 Ocean Ave (If death occurred in a hospital or institution, St. { give its NAME instead of street and number})
2 FULL NAME Stanley Sacks (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 51 Cheney St. St. Roxbury (If nonresident, give city or town and State)
Length of stay: In place of death 2 years 2 months 0 days. In place of residence 3 years 9 months 0 days.

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 26 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw him alive on 19, death is said to have occurred on the date stated above, at m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Day - Sacks Disease (b) Chronic Family History (c) 3 yrs.

ANTE CEDENT CAUSES (a) Due To (b) none (c) none

OTHER SIGNIFICANT CONDITIONS none

Major findings: Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Charles L. Levine M. D. (Address) Winthrop Family Practice Date 8/27/1953

6 Sharon Memorial Park Sharon (City or Town)
DATE OF BURIAL August 28 1953

7 NAME OF FUNERAL DIRECTOR Paul R. Levine
ADDRESS 470 Harvard St, Brookline

Received and filed AUG 27 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 3 Years 9 Months Days If under 24 hours Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country)

17 NAME OF FATHER Arthur Sacks

18 BIRTHPLACE OF FATHER (City) Boston (State or country)

19 MAIDEN NAME OF MOTHER Claire Beck

20 BIRTHPLACE OF MOTHER (City) Cambridge (State or country)

21 Informant (Address) Arthur Sacks 51 Cheney St, Roxbury

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued.
Walter L. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/27/53 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who were disabled by recognized disease unrelated to any form of injury, have had sufficient recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatic injury (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No.

188

No. ~~XXXXXXXXXX~~

Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Abbott Stevenson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 12 Pico Ave., Winthrop, Mass. St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence years months days.

INSTRUCTIONS
FOR
CERTIFICATE

in giving
E OF DEATH

not enter
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se for each
, (b) and (c)

is does not mean
le of dying, such
failure, asthenia,
means the disease,
lications which
death.

rbid conditions,
iving rise to the
ause (a) stating
derlying cause

ditions contrib-
the death but not
o the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 27, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 1948 to Aug. 27, 1953
last saw her alive on Aug. 26, 1953, death is said to

have occurred on the date stated above at 4:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hypertensive and
Arteriosclerotic Heart Disease 5 years

ANTE Due To
CEDENT (b) None

Due To
(c) None

OTHER
SIGNIFICANT
CONDITIONS None

Major findings:
Of operations: None

Date of operation: Was autopsy performed? Yes

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles L. Liberman M. D.
(Signed) (Address) 238 Shore Drive Date 8-2-53 1953

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 29, 1953

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
ADDRESS Winthrop Mass.

Received and filed AUG 28 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of. (Give maiden name of wife in full)
(or) WIFE of George L. H. Stevenson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 1 13
Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Medford
(State or country) MASS

17 NAME OF FATHER Jonathan Abbott

18 BIRTHPLACE OF FATHER (City) Medford
(State or country) MASS

19 MAIDEN NAME OF MOTHER Mary Miller

20 BIRTHPLACE OF MOTHER (City) Medford
(State or country) MASS

21 Informant Lester Stevenson
(Address) Barnstead N. Hampshire

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8-28-53
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9. .

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice.

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given medical care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

189

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Clark
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 513 Shirley Street St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months 1 days In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 28 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Aug 17 1953, to Aug 28 1953
I last saw him alive on Aug 28 1953 death is said to

have occurred on the date stated above, at 6-05 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage Sudden

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To Secularity

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Date Aug 29 1953

6 Place of Burial or Cremation Pine Hill Westfield Mass (City or Town)

DATE OF BURIAL Sept 1 1953

7 NAME OF FUNERAL DIRECTOR Fenton Hollister (Agent)

ADDRESS 29 School St. Westfield Mass

Received and filed Aug. 31, 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 9 Months 17 Days If under 24 hours Hours Minutes

13 Usual Occupation: Traveling Salesman (Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. None

16 BIRTHPLACE (City) Westfield (State or country) Mass

17 NAME OF FATHER William M. Clark

18 BIRTHPLACE OF FATHER (City) Westfield (State or country) Mass

19 MAIDEN NAME OF MOTHER Lillian M. Coates

20 BIRTHPLACE OF MOTHER (City) Westfield (State or country) Mass

21 Informant (Address) 16 Noble St. Westfield Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker (Signature of Agent of Board of Health or other)

H. O. (Official Designation) Aug 29, 1953 (Date of Issue of Permit)

504 (8)-1-51 903586

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1. FULL NAME OF DECEASED (First) (Middle) (Last) Irving (none) Osvar			2. DATE OF DEATH (Month) (Day) (Year) August 28, 1953		
3. PLACE OF DEATH a. COUNTY Orange b. CITY OR TOWN (If rural, please state) Randolph c. LENGTH OF STAY (In this place) 55 minutes d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Gifford Memorial Hospital, Inc.			4. USUAL RESIDENCE (If institution-residence before admission) a. STATE Massachusetts b. COUNTY Suffolk c. CITY OR TOWN (If rural, please state) Winthrop d. STREET ADDRESS (If rural, give R. F. D. number) 12 Seafoam Avenue		
5. SEX Male	6. COLOR OR RACE white	7. MARITAL STATUS (Check one) S <input checked="" type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/>	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) unknown	If under 1 year Months Days If under 24 hrs. Hours Mins.
10a. USUAL OCCUPATION (Kind of work done most of working life) Professor		10b. BUSINESS OR INDUSTRY Chemistry		11. BIRTHPLACE Winthrop, Mass.	12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Aaron Osvar			15. MOTHER'S MAIDEN NAME Rose Kachelnick		
14. FATHER'S BIRTHPLACE (Town) (State or Country) Russia			16. MOTHER'S BIRTHPLACE (Town) (State or Country) Russia		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (Give war & dates of service) Unknown			18. SOCIAL SECURITY NO. Unknown		19. INFORMANT'S NAME (Person giving this information) Arthur R. Jones for Aaron Osvar
20. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complications which caused death. ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS (Contributing to the death but not related to disease or condition causing it)			Medical Certification (a) Multiple injuries Ribs, Rt. Elbow DUE TO (b) Probable fractured skull DUE TO (c)		DURATION
21. DATE OF OPERATION			21a. MAJOR FINDINGS OF OPERATION		22. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
23a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		23b. PLACE OF INJURY (In home, farm, factory, street, etc.) At waterfall in country		23c. CITY OR TOWN COUNTY STATE Warren, Washington Co., Vermont	
23d. TIME OF INJURY (Month, day, year) (hour) 8-28-1953; About 3:30 P.		23e. INJURY OCCURRED While at work <input type="checkbox"/> Not at work <input checked="" type="checkbox"/>		23f. HOW DID INJURY OCCUR? Climbed to edge of waterfall and fell from edge.	
24. I hereby certify that I attended the deceased from 8-28-1953, to 8-28-1953, that I last saw deceased alive on 8-28-1953 and that death occurred at 7:10 P. m. from the cause and on the date stated above.					
25a. SIGNATURE (Degree or Title) /s/ Wilmer W. Angell, M.D.			25b. ADDRESS Randolph, Vt.		25c. DATE SIGNED 8-29-1953
26a. BURIAL, CREMATION, REMOVAL (Specify) Burial		26b. DATE Aug. 30, 1953	26c. NAME OF CEMETERY OR CREMATORY Sharon Memorial Park Beth Israel		26d. LOCATION (Town or County) (State) Sharon Everett, Massachusetts.
27. DATE REC'D BY TOWN OR CITY 8-29-1953		28. CLERK'S SIGNATURE E H Frink		29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hyman J. Torf. Chelsea, Mass.	

State definitely the cause of death.

Avoid as far as possible all terms classified as "causes ill-defined."

When any item called for cannot be obtained fill in the blank space "unknown."

Write the name of deceased in full; initials only are not acceptable.

EXTRACTS FROM THE PUBLIC LAWS OF VERMONT

Certificate furnished family; burial permit. The physician or person filling out the certificate of death, within thirty-six hours after death, shall deliver the same to the family of the deceased, if any, or to the undertaker or person who has charge of the body; and such certificate shall be filed with the person issuing the certificate of permission for burial, entombment or removal obtained by the person who has charge of the body, before such dead body shall be buried, entombed or removed from the town. When such certificate of death is so filed, such officer or person shall immediately issue a certificate of permission for burial, entombment or removal of the dead body under legal restrictions and safeguards.

Unauthorized burial or removal; penalty. A person who buries, entombs, transports or removes the dead body of a human being without the certificate of permission so to do, or in any other manner or at any other time or place than as specified in such certificate, shall be imprisoned not more than one year or fined not more than five hundred dollars nor less than ten dollars, or both.

Use separate form for filing fetal deaths (stillbirths).

These forms may be obtained from the State Health Department, Burlington.

I hereby certify that the foregoing is a true copy.

RANDOLPH TOWN CLERK'S OFFICE

Sept. 1, 1953

E. H. Smith
(Town or City Clerk)

DUTY OF TOWN CLERK

Vermont Statutes, Revision of 1951

Sec. 219. On the first day of each month, he shall make a certified copy of all births, marriages and deaths filed in his office during the preceding month, except births of illegitimate children, whenever the parents of a child born, or a bride or a groom or a deceased person was a resident in any other town at the time of such birth, marriage or death, and shall transmit such certified copy to the clerk of such other town who shall file the same.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

191

Suffolk
(County)Winthrop
(City or Town)

No. 83 Waldemar Ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. John W. Gillis
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 83 Waldemar Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 29 1953.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h alive on 19, death is said to
have occurred on the date stated above, at m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) natural causesARTE Due To cerebral hemorrhage
CEDENT (b) CAUSESDue To
(c)INTERVAL BE-
TWEEN ONSET
AND DEATHOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) M. D.
Winthrop Board of Health 8/29/19536 Place of Burial or Cremation Winthrop Winthrop
(City or Town)

DATE OF BURIAL Sept 1 1953

7 NAME OF FUNERAL DIRECTOR John F. O'Keefe

ADDRESS Winthrop Mass

Received and filed August 31 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Hattie Eddy
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired (Manager)
(Kind of work done during most of working life)

14 Industry or Business: Hotel

15 Social Security No.

16 BIRTHPLACE (City) Nova Scotia
(State or country)

17 NAME OF FATHER John Gillis

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Margaret

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Mary T. Gillis
(Address) 83 Waldemar Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
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(Signature of Agent of Board of Health or other)
H.O. 200 Aug. 31 - 1953.
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

1

EXTRACTS
FROM THE LAWS OF THE
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GOVERNING THE
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RULES OF PRACTICE

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- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
STATE OF NEW HAMPSHIRETOWN OR CITY
CLERK'S NO.

192

1. NAME OF DECEASED (Type or Print)		a. (First) Norma	b. (Middle) ----	c. (Last) Meharg	2. DATE OF DEATH (Month) (Day) (Year) Aug. 16 1953	
3. PLACE OF DEATH a. COUNTY Belknap				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mass. b. COUNTY Suffolk		
b. CITY OR TOWN Laconia		c. LENGTH OF STAY (in this place) few hours		c. CITY (Give actual town of residence, NOT mailing address). OR TOWN Winthrop		
d. FULL NAME OF HOSPITAL OR INSTITUTION Laconia Hospital				d. STREET ADDRESS (If rural, give location) 286 Revere Street		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 4-28-1940	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Winthrop Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank W. Meharg				14. MOTHER'S MAIDEN NAME Gertrude Crosby		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs Gertrude Meharg (mother)		
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Meningococcal meningitis cerebral type (a) DUE TO accident (b) DUE TO (c) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 36 hours		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing it. Diabetes Mellitus				15 hrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY OR TOWN) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. Aug. 16 1953		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug. 16 1953 , to Aug. 16, 1953 , that I last saw the deceased alive on Aug. 16, 1953 , and that death occurred at 6-30 p.m. from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) James S. Jessup M.D.				23b. ADDRESS 724 Main St. Laconia N.H.		23c. DATE SIGNED 8/16/53
24a. BURIAL, CREMATION, ENTOMBMENT, REMOVAL removal		24b. DATE 8/18/53		24c. NAME OF CEMETERY OR CREMATORY Winthrop Cemetery		24d. LOCATION (City, town, or county) (State) Winthrop Mass.
24e. PLACE OF BURIAL (Name of Cemetery) -----		LOCATION (City, Town, County) (State) -----		DATE -----		
25. FUNERAL DIRECTOR Howard Reynolds, Winthrop Mass.		ADDRESS Winthrop Mass.		COUNTERSIGNED - AGENT (City Bd. of Health) Arthur E. Simoneau		DATE 8/16/53
DATE REC'D BY TOWN OR CITY CLERK Aug. 31 1953		CLERK'S OWN SIGNATURE Chas. E. Lord		CLERK OF Laconia N.H.		

A true copy, Attest:

Clerk of

Laconia N.H. Dated **Sept. 14, 1953**

RECEIVED



SEP16

AM

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
 COPY OF
 CERTIFICATE OF DEATH

BOSTON

Registered No. 7707193

No. Veterans Administration Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

 2 FULL NAME. RIES E LEONARD
 (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) WW I

 (a) Residence, No. 24 Cottage Ave.,
 (Usual place of abode) (If nonresident, give city or town and State) Winthrop, Mass.

Length of stay: In place of death 10 years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH August 31 1953
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That V.A.H. attended deceased from
 8/21 19 to 8/31 1953

DEATH occurred on the date stated above, at 6:04a.m. death is said to

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary arteriosclerosis with coronary insufficiency

ANTECEDENT CAUSES (b) Pericarditis

Due To (c) Acute pulmonary edema and congestion

OTHER SIGNIFICANT CONDITIONS Pyelonephritis

Major findings: Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) B. Barrett M. D.

(Address) V. A. H. Date 8/31 19 53

6 Woodlawn Cem Everett, Mass. (City or Town)

DATE OF BURIAL Sep 2 19 53

7 NAME OF FUNERAL DIRECTOR A Marsh

ADDRESS Winthrop, Mass.

Received and filed 7/14/53 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE MARRIED WIDOWED or DIVORCED Married

 10a If married, widowed, or divorced HUSBAND of Violet Aldrich
 (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

 12 AGE 63 1 27
 Years Months Days If under 24 hours Hours Minutes

 13 Usual Occupation Newspaper Editor
 (Kind of work done during most of working life)

14 Industry or Business Newspaper

15 Social Security No. 028-16-9523

 16 BIRTHPLACE (City) Chicago, Illinois
 (State or country)

17 NAME OF FATHER Edwin H Leonard

 18 BIRTHPLACE OF FATHER (City) Illinois
 (State or country)

19 MAIDEN NAME OF MOTHER - - - Ries

 20 BIRTHPLACE OF MOTHER (City) Illinois
 (State or country)

 21 Informant VA Hospital Records
 (Address)

 A TRUE COPY ATTEST: Charles H. Mackie
 (Registrar of City or Town where death occurred)

DATE FILED Sep 3 19 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

DATE OF ENTERING MILITARY SERVICE - 6/28/17

" " DISCHARGE

5/2/19

RANK, RATING

PFC

ORGANIZATION & OUTFIT

U S Army

SERVICE NUMBER

164330

RECEIVED



SEP 14

AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 194 7757

No. Boston City Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis Schieb (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) W. W. #11

(a) Residence. No. 605 Bennington St. East Boston Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 2/53 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 29 53 to Sept. 2 19 53

I last saw him alive on 19 death is said to have occurred on the date stated above, at 8:05 PM

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Cholemia

INTERVAL BETWEEN ONSET AND DEATH

4 Days

ANTECEDENT CAUSES Due To (b) Infectious hepatitis

Due To (c)

7 Days

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I Merlis M. D. Date 9-3-53 (Address) Boston City Hospt.

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL Sept. 5/53 19

7 NAME OF FUNERAL DIRECTOR F J Magrath

ADDRESS East Boston Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Divorced

10a If married, widowed, or divorced HUSBAND of Phyllis Carsullo (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 26 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Electrician's Helper (Kind of work done during most of working life)

14 Industry or Business M B Foster Co.

15 Social Security No. 021-20-3051

16 BIRTHPLACE (City) Cambridge Mass. (State or country)

17 NAME OF FATHER William J Schieb

18 BIRTHPLACE OF FATHER (City) East Boston Mass. (State or country)

19 MAIDEN NAME OF MOTHER Margaret Murphy

20 BIRTHPLACE OF MOTHER Canada (City) (State or country)

21 Informant (Address) William J Schieb

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

Sept. 8/53

DATE FILED 19

RECEIVED



SEP 14

AM

Entered Service 9-23-44

Discharged 2-3-45

A.S.

U S Navy Reserve Service No. 579 88 80

R-301

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DEATH

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50M-(A)-11-51-905807

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 16 Woodside Park

2 FULL NAME Elizabeth L Stidstone

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 16 Woodside Park

(Usual place of abode)

Length of stay: In place of death 3 years months days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 2 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 7 1950 to Sept 2 1953

I last saw her alive on Sept 2 1953 death is said to

have occurred on the date stated above, at 10 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

Due To

(b)

CAUSES

Hypertension

3 yrs

Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Louis F. Salerno M. D.

(Address) 175 Pleasant St. Date Sept 2 1953

6 Winthrop Winthrop

Place of Burial or Cremation

DATE OF BURIAL

Sept. 4

19 53

7 NAME OF FUNERAL DIRECTOR Edward S. Ryalls

ADDRESS Winthrop Mass.

Received and filed. 8 1953 19

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 195

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED
Female White Singl

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 2 Months 10 Days
If under 24 hours
Hours Minutes13 Usual Occupation Nurse
(Kind of work done during most of working life)

14 Industry or Business Private

15 Social Security No. none

16 BIRTHPLACE (City) St. John
(State or country) Newfoundland

17 NAME OF FATHER John Stidstone

18 BIRTHPLACE OF

FATHER (City)

(State or country) Newfoundland

19 MAIDEN NAME

OF MOTHER

Jane Moore

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Newfoundland

21 Informant James Evans
(Address) 16 Woodside Park Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Bajer

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of issue of Permit)

EXTRACTS
FROM THE LAWS OF

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

WINTHROP
1893
RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 148, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 148, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.Suffolk
(County)

STANDARD

CERTIFICATE OF DEATH

Registered No. 197

PLACE OF DEATH

Winthrop

(City or Town)

No. 80 Buchanan St

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Sarah A. McDonald Minton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 80 Buchanan St
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years months days. In place of residence. 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 6, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1953, to Sept 6, 1953

I last saw h alive on Sept 6, 1953 death is said to

have occurred on the date stated above, at 12:50 p. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Chronic Hypertension

ANTE Due To
CEDENT (b) Period - chronicDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify John Verdone

(Signed)

(Address)

Medford

Date

Sept 7, 1953

6 Place of Burial or Cremation Winthrop Winthrop
(City or Town)

DATE OF BURIAL Sept 9, 1953 19

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed. Sept 8, 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)

MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of Richard T. Minton

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years Months Days If under 24 hours

Hours Minutes

13 Usual Occupation Housewife

(Kind of work done during most of working life)

14 Industry or Business Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston

(State or country) Mass

17 NAME OF FATHER John McDonald

18 BIRTHPLACE OF FATHER (City) Ireland

(State or country)

19 MAIDEN NAME OF MOTHER Mary Cahill

20 BIRTHPLACE OF MOTHER (City) Ireland

(State or country)

21 Informant Ruth Minton

(Address) 80 Buchanan St

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50M-10-52-90B091

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 46, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death. 1 years 6 months days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 12 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11/19 50 to 9/6/53

I last saw h alive on 9/6/53, 19 death is said to have occurred on the date stated above, at 11/19 m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

ANTECEDENT CAUSES

Due To (b) Cerebral Hemorrhage 2 Days
(c) Generalized 10 days
Intermittent

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred C. Treason 9/12/53 M. D.
(Address) 608 E. 1st St. Date 9/12/53

6 Place of Burial or Cremation Malden (City or Town)

DATE OF BURIAL Sept 12 1953

7 NAME OF FUNERAL DIRECTOR Charles H. Treason
ADDRESS East Boston

Received and filed SEP 11 1953

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 198

(If death occurred in a hospital or institution, St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 9 COLOR OR RACE W. 10 SINGLE MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Joseph J. Wholley (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) East Boston (State or country)

17 NAME OF FATHER John Barry

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Ellen Merritt

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Helen Dawson (Address) 31 Sargent St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker (Signature of Agent of Board of Health or other)

H.D. (Official Designation) Sept 11 1953 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

Holy Ghost Hospital

No.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Leary

(If deceased is a married, widowed or divorced woman, give also maiden name.)

819 Shirley St.

(a) Residence. No.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH Sept. 12, 1953
 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Amiotrophic lateral sclerosisDysphagiaAcute congestive heart failure

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did

Injury occur?.....

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?.....

(Specify type of place)

Manner of

Injury.....

(How did injury occur?)

Nature of

Injury.....

While at work? no Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify

Edward J. Kelley

(Signed)

380 Mt. Auburn St., Watertown, M. D.

(Address)

7 Holy Cross Cem. Malden

Place of Burial, or Cremation

Sept. 15, 1953

DATE OF BURIAL.....

8 NAME OF

FUNERAL DIRECTOR

F. J. McGlinckey

ADDRESS

583 Broadway, ChelseaReceived and filed.....SEP 30 1953.....19.....

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No.

1262 199

PERSONAL AND STATISTICAL PARTICULARS

 9 SEX Fem. 10 COLOR OR RACE White 11 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Married

11a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

Thomas J. Leary

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

 13 AGE 57 Years Months Days If under 24 hours
 Hours Minutes

 14 Usual Occupation: Housewife
 (Kind of work done during most of working life)

 15 Industry or Business: at home

16 Social Security No.

 17 BIRTHPLACE (City) Chelsea, Mass.
 (State or country)

 18 NAME OF FATHER James McInerney

 19 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)

 20 MAIDEN NAME OF MOTHER Catherine Hennessey

 21 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

 22 Informant (Address) Thomas Leary
819 Shirley St., Winthrop
A TRUE COPY. Frederick H. Burke

ATTEST: (Registrar of City or Town where death occurred)

Sept. 14, 1953

DATE FILED.....19.....

RECEIVED



SEP 30

AM

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

Suffolk

(County)

Winthrop

(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No. 200

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Willette (Richardson) Johnson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

364 Winthrop Street

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 10 days. In place of residence. 25 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 13 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 10 1935 to Sept. 13 1953

I last saw her alive on Sept. 13 1953 death is said to

have occurred on the date stated above, at 5:30 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Embolus

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 hrs.

ANTE
CEDENT
CAUSES

Due To Cerebral Arteriosclerosis 2 yrs

Due To Generalized

Arteriosclerosis

4 yrs.

OTHER
SIGNIFICANT
CONDITIONS Osteoporosis

1 year

Major findings: Carcinoma of descending colon

Of operations. Date of operation January 1935

What test confirmed diagnosis? Clinical & lab.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. B. J. Jones M. D.

(Address) 364 Winthrop St. Date 9/14/53

6 Place of Burial or Cremation Winthrop

(City or Town)

DATE OF BURIAL Sept. 16 1953

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed. SEP 18 1953

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Thomas W. Johnson

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 1 Months 16 Days If under 24 hours
Hours Minutes13 Usual Occupation Housewife
(Kind of work done during most of working life)

14 Industry or Business At Home

15 Social Security No. 031-07-1048

16 BIRTHPLACE (City) Brooklyn
(State or country) New York

17 NAME OF FATHER Edwin Richardson

18 BIRTHPLACE OF FATHER (City) Hillsboro

(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Mary L. Osborne

20 BIRTHPLACE OF MOTHER (City) Brooklyn

(State or country) New York

21 Informant Ruth Downie

(Address) 364 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker

(Signature of Agent or Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/13/53

EXTRACTS

FROM THE LAWS OF THE

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GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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(b) and (c)

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se (a) stating
rlyng cause

itions contrib-
e death but not
the disease or
causing death.

50M-5-52-907046

PLACE OF DEATH

1

No. Waltham Community Hall St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Baby (boy) Cinfracca { (If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 1116 White St. St. E. Boston { (If nonresident, give city or town and State)Length of stay: In place of death 78 years 8 months 8 days. In place of residence 78 years 8 months 8 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 14, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1953 to Sept 14, 1953I last saw him alive on Sept 14, 1953, 19 53, death is said to have occurred on the date stated above, at 12:42 P.M.DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) StillbornANTECEDENT CAUSES Due To Prematurity (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Placenta Praevia with HemorrhageMajor findings: (Caesarean Delivery) Of operations: CaesareanDate of operation. Sept 14, 1953 Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) A. N. Caplan M.D. M. D. (Address) 156 Princeton St. Boston Date 7-14-536 Walt Whitman Place of Burial or Cremation (City or Town) DATE OF BURIAL Sept 18-53 19 537 NAME OF FUNERAL DIRECTOR Walter J. Baker ADDRESS 9 Charles St. E. BostonReceived and filed SEP 18 1953 19 53

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 201

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) single
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced HUSBAND of Stella
(Give maiden name of wife in full)(or) WIFE of Stella
(Husband's name in full)11 IF STILLBORN, enter that fact here, Still-born12 AGE 78 Years 8 Months 8 Days If under 24 hours 8 Hours 8 Minutes13 Usual Occupation: Walt Whitman
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Waltham - Mass
(State or country)17 NAME OF FATHER Mario Cinfracca18 BIRTHPLACE OF FATHER (City) Boston
(State or country)19 MAIDEN NAME OF MOTHER Eta De Luca20 BIRTHPLACE OF MOTHER (City) Boston
(State or country)21 Informant Mario Cinfracca
(Address) 10 White St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 202

No. Mayflower Rest Home

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}2 FULL NAME. Pierce R. Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) }(a) Residence. No. Leslie Road
(Usual place of abode)St. Ipswich Mass
(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 14, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 1, 1952, to Sept 14, 1953

I last saw him alive on Sept. 14, 1953, death is said to

have occurred on the date stated above, at 5:40 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cancer of sigmoid

INTERVAL BETWEEN ONSET AND DEATH

18 mos

ANTECEDENT CAUSES
(b) noneDue To
(c) noneOTHER SIGNIFICANT CONDITIONS
none

Major findings: Cancer

Date of operation Nov. 1952 Was autopsy performed? no.

What test confirmed diagnosis Clinical + pathological

5 Was disease or injury in any way related to occupation of deceased? no.

If so, specify Charles Liberman M. D.

(Signed) 238 Shore Drive Date 9/14/53

6 Mt. Wollaston Quincy Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 16, 1953

7 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass.

Received and filed SEP 18 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Marion Sullivan (Smith)
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Painter
(Kind of work done during most of working life)

14 Industry or Business Automobile Painter

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER George Smith

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Annie Ireland

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass21 Minnie Ireland
Informant (Address) 30 Myrtle Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker.
(Signature of Agent of Board of Health or other)
150. (Official Designation) 9/14/53. (Date of Issue of Permit)

PLACE OF DEATH

R-301A

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OR
CERTIFICATE

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50M-10-52-908091

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of the deceased or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Essex

(County)
Danvers

(City or Town)

Danvers State Hospital, Hathorne

No. Nesaniel Kind

2 FULL NAME

(If deceased is married, widowed or divorced woman, give also maiden name.)

9 Willow Terr.

(a) Residence. No.

(Usual place of abode)

2 2 27

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

September 18, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE and MANNER thereof are as follows: (If an injury was involved, state fully.)

Arteriosclerotic heart disease

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19.....

Where did

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of

Injury

(How did injury occur?)

Nature of

Injury

While at work?.....Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

Ralph P. McCarthy

(Signed) Peabody, Mass.

9/16/M. 53

(Address)

Jewish Peoples' Cem. Everett

Date

7

Place of Burial, or Cremation.

September 17, 53

(City or Town)

DATE OF BURIAL

8

NAME OF

FUNERAL DIRECTOR

Scholiosaberg & Son
Dorchester, Mass.

ADDRESS

Received and filed

Oct. 7, 1953

19.....

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

203

{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

(Was deceased a

U.S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX

10 COLOR OR RACE

11 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

11a If married, widowed, or divorced

HUSBAND of Sarah m.n. unknown

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE 57 Years 5 Months 6 Days

If under 24 hours

Hours.....Minutes

14 Usual

Occupation:

Dress Saledman

(Kind of work done during most of working life)

15 Industry

or Business:

16 Social Security No.

17 BIRTHPLACE (City)

(State or country)

Russia

18 NAME OF FATHER

Joshua Kind

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

20 MAIDEN NAME

OF MOTHER

Cannot be learned

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

22

Informant

(Address)

Mary E. Sheehan
Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

September 21, 53

19.....

V.154

RECEIVED



OCT-7 PM

R-301

CTIONS
OR
CERTIFICATEgiving
OF DEATHot enter
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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Clifford Webster Hall

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 133 Somerset Ave.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 18 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 1952 to Sept. 1953I last saw him alive on 18 Sept. 1953, death is said to
have occurred on the date stated above, at 7:17 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Thrombosis
(recurrent)

ANTECEDENT CAUSES

Due To

(b)

(c)

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.....

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray

(Address) Winthrop

(City or Town)

6 Winthrop

Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed. SEP 21 1953

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 204

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Marion Cole
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 6 Months 20 Days If under 24 hours
Hours Minutes13 Usual Occupation Maintenance
(Kind of work done during most of working life)

14 Industry or Business Telephone Co.

15 Social Security No. 011-05-0672

16 BIRTHPLACE (City) Cambridge
(State or country) Mass.

17 NAME OF FATHER Daniel W Hall

18 BIRTHPLACE OF FATHER (City) Auburn
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Fannie Hazlett

20 BIRTHPLACE OF MOTHER (City) Glasgow
(State or country) Scotland21 Informant Marion Hall
(Address) 133 Somerset Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 9.21.53
(Date of Issue of Permit)

50M-(A)-11-51-905807

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

RM R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

X

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 8207 205

Mass General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Rose Goralnick

(If deceased is a married, widowed or divorced woman, give also maiden name.)

45 Highland Ave

Winthrop Mass

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

30

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Sept 19, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug 20

19 53

to Sep 19

19 53

I last saw him alive on.....Sep 19 19 53.....death is said to

have occurred on the date stated above, at 4:50 a.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Cardio vascular
hypertension of the lesser
circulatory disease

18 mos

ANTECEDENT (b) Hypertensive cardio
vascular disease
CAUSE (c) Obstructive emphysema

yrs
yrs

Due To
(c)

Saccular bronchie-
ctasis of right
upper lobe

yrs

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Bronchoscopy 9/13/53
Tracheotomy 9/19/53

Date of operation

Was autopsy performed?

yes

What test confirmed diagnosis?

Autopsy

5 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

J A Pittman

M. 53

(Address)

M G H

Date 9/19

19 53

6 Mt Leb Crawford St Cem Boston

Place of Burial or Cremation

Sep 20

(City or Town)

53

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

B Birnbach

ADDRESS

Boston Mass

Received and filed

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced
HUSBAND of.....

(Give maiden name of wife in full)

Benjamin Goralnick

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

42

Years

Months

Days

If under 24 hours

Hours.....Minutes

13 Usual Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry or Business:

-

15 Social Security No.

-

16 BIRTHPLACE (City)

Russia

(State or country)

17 NAME OF FATHER

Benjamin Cohen

18 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

19 MAIDEN NAME OF MOTHER

Rose --

20 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

21 Informant (Address)

Husband

A TRUE COPY

ATTEST:

Charles J. Mackie

(Registrar of City or Town where death occurred)

DATE FILED

Sep 22

19 53

VHV

RECEIVED



SEP 28 AM

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

Registered No. 8265 206

PLACE OF DEATH

SUFFOLK

(County)

(City or Town)

No. Mass General Hosp

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Geraldine Lowney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 70 Moore St
(Usual place of abode)

St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sep 19, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fracture of skull & laceration of brain. Accidental. Struck by motor Car

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury Sep 19 19 53

Where did Injury occur? Winthrop Mass
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Public highway
(Specify type of place)

Manner of Injury Pedestrian Struck by motor car
(How did injury occur?)

Nature of Injury

While at work? Was autopsy performed? NO

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M A Luongo M. D.
(Address) 25 Shattuck St Date 9/20 19 53

Holy Cross Cem Malden Mass

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Sep 22 19 53

8 NAME OF FUNERAL DIRECTOR J C Kelly

ADDRESS Boston Mass

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX female 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

11a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 2 5 27 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: (Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No.

17 BIRTHPLACE (City) Boston Mass
(State or country)

18 NAME OF FATHER Herbert J Lowney

19 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

20 MAIDEN NAME OF MOTHER Helen E Day

21 BIRTHPLACE OF MOTHER (City) Cambridge Mass
(State or country)

22 Informant (Address) Father

A TRUE COPY

ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Sep 23 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



SEP28

AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No.

207

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Martha Elsie Brooks

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 39 Grovers Avenue
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 20, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
August 20 1953 to Sept 20 1953I last saw her alive on Sept 20 1953, death is said to
have occurred on the date stated above, at 8:35 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral

hemorrhage

ANTECEDENT CAUSES (b) Generalized
Arteriosclerosis

Due To (c) Uremia

OTHER
SIGNIFICANT
CONDITIONS noneMajor findings: none
Of operations

Date of operation: Was autopsy performed? no

What test confirmed diagnosis? chem. lab

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. S. J. Hardy, M. D. Date 9/21/53
(Address) 14 Egleton Park, Winthrop6 Forrester Hill Cemetery, Jamaica
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 23, 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John Robert Brooks
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 6 Months 26 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired housekeeper
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) York Village
(State or country) Prince Edward Island

17 NAME OF FATHER Thomas Hardy

18 BIRTHPLACE OF FATHER (City) York
(State or country) England

19 MAIDEN NAME OF MOTHER Richards

20 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country)21 Informant Ernest E. Hardy
(Address) 14 Egleton Park, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 9.22.53
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have had without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

 SUFFOLK
 BOSTON
 (County)

(City or Town)

No. 45 Townsend

PEARL COHEN

2 FULL NAME. (If deceased is a married, widowed or divorced woman, give also maiden name.)

 (a) Residence. No. 38 Trident Ave.,
 (Usual place of abode)

 xxxxx Winthrop, Mass.
 (If nonresident, give city or town and State)

Length of stay: In place of death.....years 2 months 22 days. In place of residence.....years 9 months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 8317208

 (If death occurred in a hospital or institution,
 St. { give its NAME instead of street and number)

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH September 22 1953
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from
 7/8 19 to 9/22 1953

 I last saw him alive on 9/22 1953, death is said to
 have occurred on the date stated above, at 7:35p.m.

 DISEASE OR CONDITION
 DIRECTLY LEADING
 TO DEATH (a) acute pulmonary

edema

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 1/2 hrs

 ANTE DUE TO congestive cardiac
 CEDENT (b) failure
 CAUSES

5 yrs.

 Due To rheumatic heart
 (c) disease

50 yrs

 OTHER SIGNIFICANT auricular fibrillation
 CONDITIONS -7 mos

 Major findings:
 Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. Nussbaum

(Address) Boston

Date

9/22 19 53

6 Rumanian Com.

Danvers

Place of Burial or Cremation

Sep 23

(City or Town)

53

DATE OF BURIAL

19

7 NAME OF FUNERAL DIRECTOR

H J Torf

ADDRESS

Chelsea, Mass.

Received and filed

OCT 5 - 1953

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

 8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
 MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

 (or) WIFE of Jacob Cohen
 (Husband's name in full)

11 IF STILLBORN, enter that fact here.

 12 55 AGE Years Months Days If under 24 hours
 Hours Minutes

 13 Usual Occupation: Housewife
 (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. - -

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER Louis Lightman

 18 BIRTHPLACE OF FATHER (City) Russia
 (State or country)

19 MAIDEN NAME OF MOTHER Rebecca - -

 20 BIRTHPLACE OF MOTHER (City) Russia
 (State or country)
21 Informant J Cohen
(Address)

A TRUE COPY

 ATTEST: Charles Z. Mack
 (Registrar of City or Town where death occurred)

DATE FILED Sep 25 19 53

RECEIVED



OCT-5 AM

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.ing conditions,
ing rise to the
se (a) stating
rlyng causeitions contrib-
e death but not
the disease or
causing death.

50m-(b)-1-49-900,560

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Agnes L. Digou (Dawson)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 675 Chestnut Hill Avenue
(Usual place of abode)St. Brookline
(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 22, 1953.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 1, 1953, to Sept. 22, 1953.I last saw her alive on September 19, 1953. Death is said to
have occurred on the date stated above, at 6:20 AM.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Acute pulmonary edema

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTE Due To
CEDENT (b)
CAUSES

Chronic myocarditis

1 yr.

Due To
(c) Chronic nephritis

1 yr.

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. none

Date of operation. none Was autopsy performed? no

What test confirmed diagnosis Clinical findings.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

St. Johns Cemetery, Worcester

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 26th 1953

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
917 Bennington St., E. Boston

Received and filed. SEP 23 1953 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 209

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Freeman T. Digou
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 8 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. None

16 BIRTHPLACE (City) Worcester Mass
(State or country)

17 NAME OF FATHER Michael Dawson

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Cummiskey

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Miss Mary C. Digou-daughter
(Address) 675 Chestnut Hill Ave., BrooklineI HEREBY CERTIFY that a satisfactory standard of health was
filed with me BEFORE the burial or transit permit was issued.Walter L. Baker
(Signature of Agent of Board of Health or other)(Official Designation) 9.23.53
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 46, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal; or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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50M-2-49-25666

m.c.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 37 Emerson Road

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME... Cornelius A. Leary
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 37 Emerson Road
(Usual place of abode)Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death 30 years..... months..... days. In place of residence 30 years..... months..... days.

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 210

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 22, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 1947 to Sept 1953
I last saw him alive on Sept 15, 1953, death is said to

have occurred on the date stated above, at 9 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Thrombosis

(recurrent) 10 days

ANTECEDENT (b) Cerebral Arteriosclerosis 3 yrs

Due to Generalized Arteriosclerosis yrs

OTHER SIGNIFICANT
CONDITIONS Hypertension 20 yrsMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Arthur C. Murray M. D.
(Address) Winthrop Date 24 Sept 19536 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 26 1953

7 NAME OF FUNERAL DIRECTOR Alice M. Kelly

ADDRESS 11 Meridian St. East Boston

Received and filed. SEPT 24 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Eleanor R. McEnaney
(Give maiden name of wife in full)

(or) WIFE of -- (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 10 Months 21 Days If under 24 hours
Hours..... Minutes.....13 Usual Occupation Supervisor of Accts & Collections
(Kind of work done during most of working life)

14 Industry or Business: Internal Revenue

15 Social Security No. none

16 BIRTHPLACE (City) Fall River
(State or country) Massachusetts

17 NAME OF FATHER John Leary

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Hannah Murphy

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Eleanor R. McEnaney
(Address) 37 Emerson Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Bakes
(Signature of Agent of Board of Health or other)Health Officer 9-24-53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China-relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical agents or poisons thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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50M-5-32-907046

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Registered No. **211**

To be filed for burial permit
with Board of Health
or its Agent.

No. *Winthrop Community Hosp.* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Jennine Jackson (O'Keefe)* (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. *34 Fairview* St. *Winthrop Mass*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death *14* hours years months days. In place of residence *27* years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *September 28 1953*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *Sept 28 1953* to *Sept 28 1953*

I last saw her alive on *Sept 28 1953* death is said to

have occurred on the date stated above, at *11:03 P. m.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Cerebral*

ANTE DUE TO *Myocarditis and*
CEDENT (b) *Endocarditis*
CAUSES

DUE TO *Rheumatic*
(c) *Heart Disease*

OTHER
SIGNIFICANT
CONDITIONS

Major findings: *none*
Of operations: *none*

Date of operation: *none* Was autopsy performed? *no*

What test confirmed diagnosis? *none*

5 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *John F. Collins*
(Signed) *Jennine Jackson* M. D.
(Address) *Winthrop Mass* Date *Sept 28 1953*

6 Place of Burial or Cremation *Winthrop Winthrop*
(City or Town)

DATE OF BURIAL *Oct 1 1953*

7 NAME OF FUNERAL DIRECTOR *Wagner & Pinsky*

ADDRESS *210 Winthrop St Winthrop*

Received and filed *Sept 30 1953* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Married*

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of *Austin E. Jackson*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *50* Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: *Housewife*
(Kind of work done during most of working life)

14 Industry or Business: *Home*

15 Social Security No. *None*

16 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

17 NAME OF FATHER *Thomas W. O'Keefe*

18 BIRTHPLACE OF FATHER (City) *Grafton*
(State or country) *Mass*

19 MAIDEN NAME OF MOTHER *Jennine (Unknown)*

20 BIRTHPLACE OF MOTHER (City) *Windsor*
(State or country) *Scotia*

21 Informant *Austin Jackson*
(Address) *34 Fairview*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other Health Officer) *9.30.53*

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-10-48-24658

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

No. 438 Boulevard

2 FULL NAME Burleigh Scammon
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 64 Prospect Ave.
(Usual place of abode)St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number){ (Was deceased a
U. S. War Veteran,
if so specify WAR) WW I

Length of stay: In place of death.....years.....months.....days. In place of residence 5.....years.....months.....days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No.

212

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 1, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Coronary occlusion

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did
Injury occur?.....
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place?.....
(Specify type of place)Manner of
Injury.....
(How did injury occur?)Nature of
Injury.....

While at work?..... Was autopsy performed? No.....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Michael A. Luongo, M. D.

(Address) 25 Shattuck St. Date 9/2/1953

7 Norfolk Cem. Norfolk, Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL October 11, 1953

8 NAME OF FUNERAL DIRECTOR Eastman Funeral Service
ADDRESS 896 Beacon Street, Boston, Mass.

Received and filed Oct. 16, 1953.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Divorced11a If married, widowed, or divorced
HUSBAND of Ada (Smalley) Scammon
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 58 Years 6 Months 27 Days If under 24 hours
Hours Minutes14 Usual Occupation Ford Dealer
(Kind of work done during most of working life)

15 Industry or Business Cannot Be Learned

16 Social Security No. Cannot Be Learned

17 BIRTHPLACE (City) Norfolk
(State or country) Mass.

18 NAME OF FATHER Eugene P. Scammon

19 BIRTHPLACE OF FATHER (City) Maine
(State or country)

20 MAIDEN NAME OF MOTHER Mary Belle Stinson

21 BIRTHPLACE OF MOTHER (City) Franklin
(State or country) Maine22 Informant T/Sgt. Burleigh E. Scammon
(Address) Hq. Air Rescue Service 3800

TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED October 14, 1953

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

Nov. 7, 1917

DATE OF DISCHARGE

March 3, 1919

RANK, RATING

Pvt.

ORGANIZATION AND OUTFIT

Q.M.C. Camp Devens

SERVICE NUMBER

1 669 821

OCT 16

AM



RECEIVED

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 428 Revere St

2 FULL NAME Baby Boy Sagar
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 428 Revere
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) 213

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 28 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Asphyxiation due to
aspiration of blood and
amniotic fluid -
Unattended birth -

5 Accident, suicide, or homicide (specify).....

Date and hour of injury..... 19

Where did
injury occur?.....
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place?.....
(Specify type of place)Manner of
injury.....
(How did injury occur?)Nature of
injury.....

While at work?..... Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Richard Ford, M. D.
(Address) Date 9-28-19537 Place of Burial, or Cremation, Winthrop
(City or Town)

DATE OF BURIAL November 2 1953

8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St. Winthrop

Received and filed NOV 2 1953 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED - -

11a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE Years Months 1 Days If under 24 hours
Hours Minutes14 Usual Occupation: None
(Kind of work done during most of working life)

15 Industry or Business: None

16 Social Security No. None

17 BIRTHPLACE (City) Winthrop
(State or country) Mass

18 NAME OF FATHER Unknown

19 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Unknown

20 MAIDEN NAME OF MOTHER Dora Beatrice Sagar

21 BIRTHPLACE OF MOTHER (City) Minneapolis
(State or country) MinnesotaInformant (Address) Dora Beatrice Sagar
428 Revere St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter A. Baker
(Signature of Agent of Board of Health or other)
Blanche C. Cleece
(Official Designation) 11-7-53
(Date of Issue of Permit)

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
ans the disease,
ications which
ath.id conditions,
ving rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

50M-5-52-907046

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 214

To be filed for burial permit
with Board of Health
or its Agent.No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Frances M. Caverly MacNeill
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 106 Sunnyside Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 4 days. In place of residence. 10 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 4 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
9-30 1952 to 10-4 1952I last saw her alive on 10-4 1952 death is said to
have occurred on the date stated above, at 3:30 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT (b) Due To arterial Hypertension
CAUSES

Due To (c) Bronchopneumonia

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? ECG & X-Ray of chest

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. B. Greenfield M. D.

(Address) 117 Shirley St. Boston Date Oct 4 1953

6 Winthrop Winthrop
(City or Town)

DATE OF BURIAL October 7, 1953

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass.

Received and filed Oct 6 - 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
Female White MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
Charles G. Caverly
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Nova Scotia
(State or country)

17 NAME OF FATHER Hector G. MacNeill

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Catherine MacNeill

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Charles G. Caverly
(Address) 106 Sunnyside Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10-6-53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 64, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
ure, asthenia,
ns the disease,
ations which
h.

oid conditions,
ng rise to the
e (a) stating
lying cause

itions contrib-
death but not
he disease or
causing death.

d to

l Examiners
Oct. 5, 1953

50 M-(A)-11-51-905807

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

215

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

10 Maple Road

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Frank Knight Hatfield

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

10 Maple Road

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 11 years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Oct

5

1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 1, 1940, to Oct 5, 1953

I last saw him alive on Oct 5, 1953 death is said to

have occurred on the date stated above, at 3:20 P. M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

5 days

ANTE
CEDENT
CAUSES

Due To

Hypertension

(b)

13 yrs

Due To

Chronic Myocarditis
Fibula

(c)

7 yrs

OTHER
SIGNIFICANT
CONDITIONS

Fractured right fibula

6 weeks

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis F. Salerno

M. D.

(Address) 175 Pleasant St Date Oct 6, 1953

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Oct. 8

1953

7 NAME OF
FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

Winthrop

Received and filed

Oct 8, 1953

19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Ruth B. Tyler
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 87 Years 0 Months 9 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Broker

(Kind of work done during most of working life)

14 Industry

or Business: Flour

15 Social Security No.

020-14-0133A

16 BIRTHPLACE (City)

St John

(State or country) New Brunswick

17 NAME OF
FATHER

William Hatfield

18 BIRTHPLACE OF

FATHER (City) St John

(State or country) New Brunswick

19 MAIDEN NAME

OF MOTHER Marion McLellan

20 BIRTHPLACE OF

MOTHER (City) St John

(State or country) New Brunswick

21

Informant: Ruth B. Hatfield

(Address) 10 Maple Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10-8-53

m 10

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, hut also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
the disease,
indications which
ath.aid conditions,
giving rise to the
se (a) stating
rilying causeitions contrib-
the death but not
the disease or
causing death.

50M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

216

Registered No.

1 PLACE OF DEATH

Suffolk
County)
Winthrop
(City or Town)No. Winthrop Com. Hoop. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Baby Marion
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 27 Siren St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 5 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19. to 19.

I last saw him alive on 19. death is said to

have occurred on the date stated above, at 19. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH Stillborn
INTRAPARTUM Asphyxia
Due to
Dysfunctional CervixINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Two headed monster
Siamese twinsMajor findings:
Of operations.
Date of operation. Was autopsy performed? yes
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Bayard C. Good M. D.
(Address) 133 Beacon St. Date 10.5.536 Place of Burial or Cremation
(City or Town) Cambridge
DATE OF BURIAL Oct. - 6 - 53 19.7 NAME OF FUNERAL DIRECTOR John C. Burns
ADDRESS Cambridge

Received and filed OCT 6 - 1953 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX H 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of. (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER Renee

18 BIRTHPLACE OF FATHER (City) New York
(State or country) NY

19 MAIDEN NAME OF MOTHER Dorothy Kennedy

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass21 Informant. Renee Morrison
(Address) WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10.6.53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 87.94

No. N E Center Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MABEL JOHNSON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 10 Maple Road
(Usual place of abode)

xxxx Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death 26 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 6 1953

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 9/10 19 to 10/6 1953

I last saw her alive on 10/6 1953, death is said to

have occurred on the date stated above, at 8:05p. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) massive pulmonary emboli with heart failure

ANTECEDENT CAUSES

Due To (b) Cancer head of pancreas

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: cancer head of pancreas

Date of operation 9/18/53 Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. Chichalsky M. D.

(Address) N E C H Date 10/7 1953

6 Winthrop Winthrop
Place of Burial or Cremation Oct. 9, (City or Town) 53

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR H. Reynolds

ADDRESS Winthrop, Mass.

Received and filed. 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Nathaniel L. Johnson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 3 1 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 028-08-0300

16 BIRTHPLACE (City) Boston, Mass
(State or country)

17 NAME OF FATHER George Tyler

18 BIRTHPLACE OF FATHER (City) Bangor, Maine
(State or country)

19 MAIDEN NAME OF MOTHER Frances A Thompson

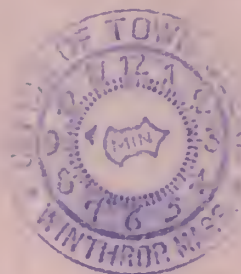
20 BIRTHPLACE OF MOTHER (City) Bangor, Maine
(State or country)21 Informant N. Johnson
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 13, 1953

RECEIVED



OCT 19 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

218

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 7 Washington Ave.

Charlotte Adna (Burnell) Saylor

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 7 Washington Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 6 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h alive on 19 death is said to
have occurred on the date stated above, at 4 P. M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Natural causesINTERVAL BETWEEN ONSET
AND DEATHANTECEDENT CAUSES (b) Presumably
cardio-renal

Due To (c) disease 6 mo

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations none

Date of operation Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Arthur C. Murray M. D.
(Signed) M. D.
(Address) Winthrop Board of Health Date 6 Oct 19536 Cremation Woodlawn
Place of Burial or Cremation

DATE OF BURIAL October 8 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop

Received and filed Oct 8, 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Arthur Noxon Saylor
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 3 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. no

16 BIRTHPLACE (City) Bethel Maine
(State or country)

17 NAME OF FATHER John Phinney Burnell

18 BIRTHPLACE OF FATHER (City) Maine
(State or country)

19 MAIDEN NAME OF MOTHER Charlotte Lawrence

20 BIRTHPLACE OF MOTHER (City) Maine
(State or country)21 Informant Arthur N. Saylor
(Address) 7 Washington Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

10.8.53
(Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

50M-10-52-908091

m.s.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 219 8835

No.

Veteran's Adm. Hospt. Boston

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Henry J Surprenant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

27 Banks St

Winthrop Mass.

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 22 years months 16 days. In place of residence 16 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Oct. 6/53

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 11

19 53

to

Oct. 6

19 53

I last saw h. alive on 4 PM 19 death is said to

have occurred on the date stated above, at 4 PM m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Inanition

INTERVAL BE-
TWEEN ONSET
AND DEATH
Mos.ANTE Due To
CEDENT (b)
CAUSESCarcinoma of the esophagus
YearsDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma of the esophagus

Of operations

Date of operation: Dec. 1952 Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N B Ordahl

M. D.

(Address) VAN Boston Mass. Date 10-7 19 53

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.

DATE OF BURIAL Oct. 10/53 19

7 NAME OF
FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass.

Received and filed 10-14-53 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Regina Mayberry

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 61

Years 10

Months 18

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Electrician

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

028-20-8037

16 BIRTHPLACE (City)

Canada

(State or country)

17 NAME OF
FATHER

August Surprenant

18 BIRTHPLACE OF

Canada

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

Emma Giroux

20 BIRTHPLACE OF

MOTHER (City)

Canada

(State or country)

21

Informant
(Address)

Hospt. Records

VAN Boston 30 Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Oct/13/53

DATE FILED 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900,475

RECEIVED



OCT 19 AM

Entered Service April 26, 1918
Discharged August 21, 1918
Pvt. 27th Co. 151 D.B.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
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ing rise to the
se (a) stating
rying causeitions contrib-
e death but not
the disease or
causing death.

50M-5-52-907046

PLACE OF DEATH

1

Suffolk ^{Chelsea}
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 220

No. Jennie Colantonio (Polisciano) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME May Flower Rest Home Winthrop
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 103 Bloomingdale St. Chelsea
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. 1 months. 4 days. In place of residence. 5 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 8 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 2, 1953 to Oct. 8, 1953
I last saw her alive on Oct 7, 1953 death is said to

have occurred on the date stated above, at 12:47 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Chronic pneumonia
one (terminal) 24 hrsANTE Due To Chronic pneumonia
CEDENT (b) CAUSES
slowly made into genital
1 yr.
Due To metastasis
(c)INTERVAL BE-
TWEEN ONSET
AND DEATHOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? Chondrioid

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph C. Parante M. D.
(Address) 314 Washington St. Chelsea Date 10-9-536 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 10/10 1953

7 NAME OF FUNERAL DIRECTOR Salvatore C. Parante
ADDRESS 314 Washington St. Chelsea

Received and filed. OCT 9 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Domenic Colantonio
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 45 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Stitches
(Kind of work done during most of working life)

14 Industry or Business: Shoe worker

15 Social Security No. 030-07-2731

16 BIRTHPLACE (City) ITALY
(State or country)

17 NAME OF FATHER Domenic Polisciano

18 BIRTHPLACE OF FATHER (City) ITALY
(State or country)

19 MAIDEN NAME OF MOTHER LIBERTIA CAZZO

20 BIRTHPLACE OF MOTHER (City) ITALY
(State or country)21 Informant (Address) Domenic Colantonio
103 Bloomingdale StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 10.9.53

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including falling, septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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for each
(b) and (c)

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lying cause

tions contrib-
death but not
he disease or
causing death.

50M-3-53-909098

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

221

Registered No.

No. Winthrop Community Hospital

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Baby Cavagnaro
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 5 Hull St. Boston, Mass.
(Usual place of abode)

St.
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 9, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....

I last saw h..... alive on....., 19....., death is said to

have occurred on the date stated above, at 1111 m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Stillborn

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify Stillborn

(Signed) Walter S. Baker M. D.

(Address) 342 Hancock St. Boston Date 10/10/53

6 Place of Burial or Cremation St. Michael Boston (City or Town)

DATE OF BURIAL Oct. 13, 1953 19.....

7 NAME OF FUNERAL DIRECTOR Michael Torcella

ADDRESS 10 North Bennet St. Boston, Mass.

Received and filed Oct. 13, 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Still born

12 AGE..... Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry
or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

17 NAME OF FATHER Joseph A. Cavagnaro

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Grace DeCicco

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Joseph A. Cavagnaro
(Address) 5 Hull St. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker. H.O.
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Barnstable

(County)

Barnstable

(City or Town)

Barnstable

(City or town making return)

Registered No. 248 222

No. (Hyannis) Cape Cod Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith Eleanor Crompton (Jones)
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)(a) Residence. No. 130 Court Road St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 9 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 7 1953 to Oct. 9 1953

I last saw her alive on Oct. 8 1953, death is said to

have occurred on the date stated above, at 7:15 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia 1 wk.

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES Due To Radium irradiation damage to kidneys 5 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: none
Of operations none
Date of operation none Was autopsy performed? no
What test confirmed diagnosis? Physical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Lee Britton
(Signed) So. Yarmouth, Mass. Date 10-9 1953
(Address)6 Place of Burial or Cremation Woodlawn Cem. Everett, Mass.
(City or Town)
DATE OF BURIAL October 13 19537 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 180 Winthrop St., Winthrop.

Received and filed NOV 6 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE white 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Frank Crompton
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 10 Months 10 Days
If under 24 hours Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. Wales, England

16 BIRTHPLACE (City) Wales, England
(State or country)

17 NAME OF FATHER John E. Jones

18 BIRTHPLACE OF FATHER (City) Wales, England
(State or country)

19 MAIDEN NAME OF MOTHER Susanne Roberts

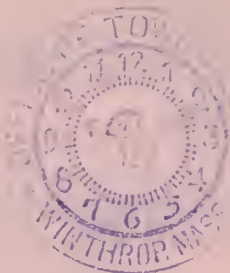
20 BIRTHPLACE OF MOTHER (City) Wales, England
(State or country)21 Informant Frank Crompton
(Address) 130 Court Rd. Winthrop, MassA TRUE COPY
James W. Sears
(Registrar of City or Town where death occurred)

DATE FILED Nov. 2 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M (E)-6-50-902253

RECEIVED



NOV-6 PM

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

R-302

25M (E)-6-50-902253

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 223

No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Agnes F. Young (Corbett)

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)
16 Woodside Park Winthrop (Was deceased a U. S. War Veteran, specify WAR)

(a) Residence. No. (Usual place of abode) 6 10 27 (If nonresident, give city or town and State)

Length of stay: In place of death 6 years 10 months 27 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 11, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Apr. 10 50 to Oct. 11, 53
er 19 50 to 19 53
I last saw h. alive on Oct. 11, 19 53 death is said to have occurred on the date stated above, at 1:25 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized Arteriosclerosis yrs

ANTE DUE TO CEDENT (b) CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS Decubitus back

Major findings: Of operations.

Date of operation. Was autopsy performed? Clinical & Laboratory

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify Andrew Nichols 3rd 10/14/ M. 53
(Signed) Danvers, Mass. Date 10/19/53
(Address) Forest Hill Cemetery Boston

6 Place of Burial or Cremation October 16 (City or Town) 53

DATE OF BURIAL October 16 19 53

7 NAME OF FUNERAL DIRECTOR John F. O'Maley Winthrop, Mass.

ADDRESS

Received and filed 19 53

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of 1st. (Unknown Maxwell) 2. Louis F. Young (or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 7 2 If under 24 hours Years Months Days Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Boston

16 BIRTHPLACE (City) Mass. (State or country) Thomas Corbett

17 NAME OF FATHER

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Mary (Unknown)

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country) Mary E. Sheehan

21 Informant (Address) Hathorne, Mass.

A TRUE COPY ATTEST: Arthur W. Gay (Registrar of City or Town where death occurred)

DATE FILED October 16 19 53

RECEIVED



NOV-5 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

224

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mabel M. (Aldridge) Littlefield (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 3 Atkinson Circle St. (If nonresident, give city or town and State)

Length of stay: In place of death. years months 10 days. In place of residence. 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 12 1953 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1953 to Oct 12 1953

I last saw her alive on Oct 12 1953, death is said to

have occurred on the date stated above, at 7:08 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary

Occlusion

ANTECEDENT CAUSES (b) Myocardial

heart disease

(c) Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? P.E.B.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. J. Washington M. D.

(Address) 79 Washington St. Date 10-12-53

6 Winthrop Winthrop (City or Town)

DATE OF BURIAL Oct 14 1953

7 NAME OF FUNERAL DIRECTOR Howard Reynolds

ADDRESS Winthrop Mass.

Received and filed. Oct. 13, 1953 19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Dexter Littlefield (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 1 Months 4 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER James Aldridge

18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) Vermont

19 MAIDEN NAME OF MOTHER Mary A Leland

20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) Maine

21 Informant: Vera T. Godfrey (Address) 3 Atkinson Circle

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50M-(A)-11-51-905807

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

25M (E) 6-50-902253

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No. 225

No.

Revere Memorial Hospital

{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

2 FULL NAME

(Baby Girl) Campo

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a U. S. War Veteran, if so specify WAR)}

(a) Residence. No.

573 Pleasant St.

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

October 14, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 14, 1953, to Oct. 14, 1953

I last saw her alive on Oct. 14, 1953, death is said to

have occurred on the date stated above, at 7:45 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Prematurity - 7 mos.

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES

Due To

Atelectasis

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Major findings:

Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

(Address).....

Date.....

10/14 M53

6 St. Michael Cemetery Forest Hills

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

October 16, 1953

7 NAME OF FUNERAL DIRECTOR

Lillian Cataldo

ADDRESS

374 Broadway, Som., Mass.

Received and filed.....

NOV 6 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

Years

Months

Days

1 under 24 hrs

Hours

Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

Revere

16 BIRTHPLACE (City)

Mass.

(State or country)

17 NAME OF FATHER

Anthony Campo

18 BIRTHPLACE OF FATHER (City)

Somerville,

(State or country)

Mass.

19 MAIDEN NAME OF MOTHER

Josephine Celata

20 BIRTHPLACE OF MOTHER (City)

East Boston

(State or country)

Mass.

21

Informant

(Address)

Anthony Campo

573 Pleasant St., Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

October 16, 1953

1953

RECEIVED



NOV-6. PM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

X

PLACE OF DEATH
1

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

228964

Registered No.

COPY OF
CERTIFICATE OF DEATH

Veteran's Adm. Hospt Boston Mass.

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Edmund S Cartwright

2 FULL NAME. (If deceased is a married, widowed or divorced woman, give also maiden name.)

85 Johnson Ave.

(Was deceased a U. S. War Veteran, if so specify WAR) W W #1

Winthrop Mass.

(a) Residence. No. St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 15/53
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 21 19 53 to Oct. 15 19 53

I last saw h. alive on, 19, death is said to have occurred on the date stated above, at 11:40A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma left lung with erosion of pulmonary vessel

INTERVAL BETWEEN ONSET AND DEATH

Immed.

ANTECEDENT CAUSES (b) Metastases to hilar nodes both kidneys left parietal pleural and mesentery (c)

OTHER SIGNIFICANT CONDITIONS Left lung non functioning necrotic purulent

Major findings: Of operations.....

Date of operation..... Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? If so, specify L J Marks (Signed) VA Hospt (Address) Date 10-15 19 53

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL Oct. 19/53

7 NAME OF FUNERAL DIRECTOR H S Reynolds Winthrop Mass.

ADDRESS

Received and filed. Oct 26 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Ella Eburne (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 9 Months 15 Days If under 24 hours Hours.....Minutes

13 Usual Occupation: Salesman (Kind of work done during most of working life)

14 Industry or Business: Dental Supplies

15 Social Security No. 021-09-1653

16 BIRTHPLACE (City) Haverhill Mass. (State or country)

17 NAME OF FATHER J Sheldon Cartwright

18 BIRTHPLACE OF FATHER (City) Atkinson N.H. (State or country)

19 MAIDEN NAME OF MOTHER Ella M Wood

20 BIRTHPLACE OF MOTHER (City) New Brunswick Canada (State or country)

21 Informant: Hospt Records Boston (Address)

A TRUE COPY Charles H. Mackie ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 19/53

25m-(b)-11-49-900,475

74 S.

RECEIVED



OCT 26 AM

Entered Service 9-26-1918

Discharged Jan. 10, 1919

Private U S Army

Service No. 4776611

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 227

PLACE OF DEATH

1

Suffolk
County
Winthrop
(City or Town)

MOUNTS CONVENT, MAINE

No. 104

Highland Ave

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

William Austin Knowlton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 34

(Usual place of abode)

Banks

St.

(If nonresident, give city or town and State)

Length of stay: In place of death... years 1 months 21 days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Oct 15

(Month)

(Day)

1953

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 19 53 to Oct 1 19 53

I last saw him alive on Oct 1 19 53 death is said to

have occurred on the date stated above, at 7:30 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Cerebral Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

8 months

ANTE
CEDENT
CAUSES

Due To Arteriosclerosis

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Physical Examination

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Oct 17

1953

7 NAME OF
FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

180 Winthrop St

Received and filed

OCT 16 1953

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male White

9 COLOR OR RACE

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Eva A. Mills

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 73 Years 7 Months 12 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Engineer

(Kind of work done during most of working life)

14 Industry

or Business:

Marine

15 Social Security No.

021-05-0672

16 BIRTHPLACE (City)

Deer Isle
Maine

(State or country)

17 NAME OF

FATHER

Clarence E. Knowlton

18 BIRTHPLACE OF

FATHER (City)

Deer Isle

(State or country)

19 MAIDEN NAME

OF MOTHER

Fannie Barbour

20 BIRTHPLACE OF

MOTHER (City)

Deer Isle

(State or country)

21 Informant

(Address)

Mrs. Eva A. Knowlton
34 Banks St. Winthrop(R) I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

10.16.53

R-301A

DUCTIONS
OR
CERTIFICATEiving
OF DEATHot enter
than one
for each
b) and (c)oes not mean
f dying, such
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ying causeions contrib-
death but not
e disease or
causing death.

50m-(11)-11-49-900,560

24.0

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

m. s.

25m-(b)-11-49-900,475

PLACE OF DEATH
1

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Suffolk (County)
Boston (City or Town)
Mass. General Hospt.
No. _____ St. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston (City or town making return)
Registered No. **9076228**

2 FULL NAME **Mark A Whitehead**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **158 Circuit Road** St. **Winthrop Mass.**
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death _____ years _____ months **5** days. In place of residence _____ years **50** months _____ days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH (Month) (Day) (Year) Oct. 15/53	8 SEX M	9 COLOR OR RACE W	10 SINGLE (write the word) MARRIED MARRIED WIDOWED or DIVORCED Married
4 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 19 53 to Oct. 15, 19 53 I last saw h. im alive on Oct. 15, 19 53 , death is said to have occurred on the date stated above, at 2:03PM m. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cornary thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 Week	10a If married, widowed, or divorced HUSBAND of Anna C. Sullivan (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)		
ANTE Due To CEDENT (b) Arterio sclerotic heart disease CAUSES	11 IF STILLBORN, enter that fact here.		
Due To (c) _____	12 AGE 78 Years _____ Months _____ Days If under 24 hours _____ Hours _____ Minutes		13 Usual Occupation: Collector (Kind of work done during most of working life)
OTHER SIGNIFICANT CONDITIONS Cystitis Benign prostatic hypertrophy Major findings: Of operations _____ Date of operation None Was autopsy performed? No What test confirmed diagnosis? clinical	14 Industry or Business: First Nat. Bank		
5 Was disease or injury in any way related to occupation of deceased? If so, specify C. L. Clay (Signed) Mass. General Hospt. Date 10-15-53 M. D. (Address) Winthrop Gen. Winthrop Mass.	15 Social Security No. None		
6 Place of Burial or Cremation _____ (City or Town) DATE OF BURIAL Oct. 17/53 19 _____	16 BIRTHPLACE (City) Charlestown Mass. (State or country)		
7 NAME OF FUNERAL DIRECTOR M W Kirby Winthrop Mass. ADDRESS _____ Received and filed OCT 26 1953 19 _____	17 NAME OF FATHER Mark A Whitehead		
(Registrar of City or Town where deceased resided)	18 BIRTHPLACE OF FATHER (City) England (State or country)		
	19 MAIDEN NAME OF MOTHER Ellen Bordoin		
	20 BIRTHPLACE OF MOTHER (City) England (State or country)		
	21 Informant Mrs A Whitehead (Address)		
	A TRUE COPY Charles H. Mackie		
	ATTEST: _____ (Registrar of City or Town where death occurred)		
	DATE FILED Oct. 19/53 19 _____		

RECEIVED



OCT 26

AM

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 229

No. Winthrop Community Hoop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Israel Albert
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) none

(a) Residence. No. 133 River St. Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 2 days. In place of residence. 6 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 18 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct 15 1953 to Oct 17 1953

I last saw him alive on Oct 17 1953 death is said to have occurred on the date stated above, at 1:30 A.M.

DISEASE OR CONDITION Carcinomatosis
DIRECTLY LEADING TO DEATH (a) CarcinomatosisINTERVAL BETWEEN ONSET AND DEATH
3 mms

ANTECEDENT CAUSES Due To (b) Primary focus unknown

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Carcinomatosis
Of operations.

Date of operation Sept 9 - 53 Was autopsy performed? no

What test confirmed diagnosis? operation

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) M. S. K. Tefila M. D.
(Address) 447 Shirley St. Winthrop Date Oct 18 19536 M. S. K. Tefila (City or Town)
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 22 1953

7 NAME OF FUNERAL DIRECTOR Enwiel Levine
ADDRESS 470 Harvard St. Brookline

Received and filed OCT 20 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Sarah (Fox) (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 51 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Foreman (Kind of work done during most of working life)

14 Industry or Business: Hathaway Baker

15 Social Security No.

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Nathan Albert

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER Bessei (unknown)

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant Sarah Albert (Address) 133 River St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Health Officer 10.20.53 (Official Designation) (Date of Issue of Permit)

50M-52-907046

M. S. K. Tefila

M. S.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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CERTIFICATEiving
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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bay Vue Rest Home

2 FULL NAME Constantino Romano

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 69 Webster St.
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death. 3 years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 18 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 17, 1953 to Oct 18, 1953

I last saw him alive on Oct 18, 1953 death is said to

have occurred on the date stated above, at 11:00 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Pulmonary
EdemaINTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTE Due To
CEDENT (b)
CAUSESCerebral
Thrombosis

7 day

Due To
(c)Fractured left
hipOTHER
SIGNIFICANT
CONDITIONSCarcinoma
of Prostate GlandMajor findings:
Of operations

Fractured hip

Date of operation? Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm. A. Scione M. D.
(Address) 61 Remondt Remondt Date 10/21, 19536 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 22 1953

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East Boston

Received and filed Oct. 21, 1953 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 230

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran.
if so specify WAR) NoCTIONS
OR
CERTIFICATEiving
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PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Virginia LaRosa
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Laborer
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 022-09-7688

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Ralph Romano

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Terisa (unknown)

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Virginia Romano
(Address) 69 Webster St East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Bakers
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 10-21-53

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED
JAN 10 1946
CITY OF BOSTON
DEPT. OF HEALTH
BUREAU OF VITAL RECORDS
RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. They will include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

(Suffolk County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

Registered No. 9326

231

No. The Boston Floating Hospital xxxxx (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JONATHAN L WEY (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Bates Ave., xxxxx Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months..2...days. In place of residence...7...years..1...months..26...days.

MEDICAL CERTIFICATE OF DEATH

25 mins

3 DATE OF DEATH October 23 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10-21 19 to 10-23 1953.

I last saw him alive on 10-23 1953 death is said to have occurred on the date stated above, at 4:25p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Intracranial hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

-3hrs.

ANTECEDENT CAUSES (b) Thrombocytopenia

3mos.

(c) Lymphatic leukemia

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation..... Was autopsy performed? yes
What test confirmed diagnosis? bone marrow autopsy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E Penn M. D.
(Address) 20 Ash st Date 10-23 19 53

6 Woodlawn Cem Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct 26 19 53

7 NAME OF FUNERAL DIRECTOR A Marsh

ADDRESS Winthrop, Mass.

Received and filed NOV 1 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 7 Years 1 Months 26 Days If under 24 hours Hours Minutes

13 Usual Occupation: Student (Kind of work done during most of working life)

14 Industry or Business: Grammar school

15 Social Security No. - - -

16 BIRTHPLACE (City) Boston Mass. (State or country)

17 NAME OF FATHER George L Wey

18 BIRTHPLACE OF FATHER (City) Bristol Conn (State or country)

19 MAIDEN NAME OF MOTHER Jane O Ganirons

20 BIRTHPLACE OF MOTHER (City) Boston Mass. (State or country)

21 Informant G Wey (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct 26 1953

RECEIVED



NOV-3 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

232

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Esther M (Bellingham) Gillies
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 51 Birch Rd. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 35 years.....months.....days. In place of residence.....years.....months 12.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 25 1953.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 5 1949 to October 25 1953

I last saw her alive on October 24 1953, death is said to

have occurred on the date stated above, at 3:15 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Centrifugal +
hypertensive heart disease 4 yearsANTE
CEDENT
CAUSESDue To (b) Generalized arterio-
sclerosis 6 yearsDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice J. Ryan M. D.
(Address) 15 Winthrop St. Winthrop 1953

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Oct. 28 1953

7 NAME OF FUNERAL DIRECTOR Edward S. Ryan

ADDRESS Winthrop Mass.

Received and filed Oct 28 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James Gillies
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 5 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation: House wife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) St. John
(State or country) New Brunswick

17 NAME OF FATHER John Bellingham

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Rebecca Wilmot

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant James H Gillies
(Address) 55 Magazine St. CambridgeI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Haklitz
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 10.27.53

50M-5-52-907046

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section nne, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

233

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Martinez
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) 116

(a) Residence. No. 1 Washington Terrace St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCT 25 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
..... 19..... to..... 19.....

I last saw him alive on..... 19..... death is said to

have occurred on the date stated above, at 6:15 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Stillborn Macerated fetus 28 wk
MACERATEDANTECEDENT CAUSES
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clin. exam.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene J. Hall M. D.
(Address) 174 Winthrop St. Date 10/25/53 19

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Oct 26 1953

7 NAME OF FUNERAL DIRECTOR Alfred B Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed OCT 27 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED single10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here. STILLBORN

12 AGE 0 Years 0 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER Eugene Martinez

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Barbara Crawford

20 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass21 Informant (Address) Eugene Martinez
1 Washington TerraceI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 10.26.53

50M-5-52-907046

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH
1

Suffolk

(County)

Winthrop

(City or Town)

No. 10 Highland Ave.

2 FULL NAME. Martha Ann (Baxter) Hayden

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10 Highland Ave.

(Usual place of abode)

Length of stay: In place of death. 43 years. months. days. In place of residence. 66 years. months. days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

234

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 27 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 16 1953 to October 27 1953

I last saw her alive on October 27 1953 death is said to have occurred on the date stated above, at 7:00 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) UremiaINTERVAL
BETWEEN ONSET
AND DEATH
1 weekANTECEDENT CAUSES Due To Chronic Nephritis
(b) 5 mosDue To Arteriosclerosis
(c) 10 yrs

OTHER SIGNIFICANT CONDITIONS Cerebral Hemorrhage 5 mos

Major findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorothy Cheney Appleton M. D.
(Address) 197 Woodside Ave., Winthrop, Mass. Date Oct. 28 19536 Place of Burial or Cremation Winthrop (City or Town)
Oct. 30 1953

DATE OF BURIAL Oct. 30 1953

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed. OCT 30 1953 19

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced

HUSBAND of Nelson E Hayden
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 3 Months 1 Days If under 24 hours Hours Minutes

13 Usual Occupation: House Wife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Wisebeck
(State or country) England

17 NAME OF FATHER George W Baxter

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Mary Ann Boyce

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Hazel R Hayden
(Address) 10 Highland Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Walter L. Baker
(Official Designation) Health Officer (Date of Issue of Permit) 10.30.53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

X

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900,475

PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 9560235

No. Veteran's Adm. Hospt Boston

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Perrone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) Sp. An

(a) Residence. No. 24 Barnes Ave.
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 28/53
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 26, 19 53, to Oct. 28, 19 53.

I last saw h.....alive on....., 19....., death is said to
have occurred on the date stated above, at 9:40PM.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Gastric hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
Days

ANTECEDENT CAUSES Due To Cirrhosis of the liver
(b) Years

Due To Left parietal frontal
(c) subdural hemorrhage
Days

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....
Date of operation..... Was autopsy performed? Yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) David B Snw
(Address) Boston Mass. Date 10-29 M. 53

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)
DATE OF BURIAL Oct. 31/53

7 NAME OF FUNERAL DIRECTOR E P Caggiano
ADDRESS Winthrop Mass.

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of Julia Turbi
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 6 Months 15 Days
If under 24 hours
Hours.....Minutes

13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Barber Supplies

15 Social Security No. 012-20-3691A

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER John Perrone

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Lavinna Cardilli

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

21 Informant: Hospt Records
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED NOV. 2, 1953

X

RECEIVED



NOV-9 AM

11-10-98

12-27-17

Entered Service

4-21-~~32~~ 1899

12-16-18

Discharged

Sgt. U S Army

Service No. 591 723

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

236

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

No. Bay View Nursing Home.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John Archibald Webster

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO.

(a) Residence. No. 88 Woodside Ave.
140 Circuit Road

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 7 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 28 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 1953 to Oct. 28, 1953

I last saw him alive on Oct. 28, 1953, death is said to

have occurred on the date stated above, at 11:00 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinomatous

Carcinoma of Pharynx

ANTE Due To

CEDENT (b) CAUSES

Due To

(c)

OTHER

SIGNIFICANT

CONDITIONS None

Major findings:

Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical, X-rays

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Liberman

(Address) 238 Shore Drive, Winthrop, Mass. 10/30/53

6 Woodlawn Cemetery, Everett, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 31 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. Oct 30 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Edith Hewson
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 0 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired salesman
(Kind of work done during most of working life)

14 Industry or Business: Wholesale Drug Co.

15 Social Security No.

16 BIRTHPLACE (City) East Boston Mass.
(State or country)

17 NAME OF FATHER John Archibald Webster

18 BIRTHPLACE OF FATHER (City) Digby
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Ellen Collins

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant: Walter H. Webster
(Address) 140 Circuit Road, Winthrop.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

PARENTS

21

(Address)

I HEREBY CERTIFY

that a satisfactory standard

certificate of death was

filed with me

BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50M-10-52-908091

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Middlesex
(County)Cambridge
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHCambridge
(City or town making return)

Registered No. 1971 237

No. Mount Auburn Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel Ivalon Luttis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 80 Upland Rd.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 1 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan. 3 1953 to Oct. 1 1953

I last saw her alive on Sept. 30 1953, death is said to

have occurred on the date stated above, at 1:30 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinoma of
pancreasINTERVAL BE-
TWEEN ONSET
AND DEATH

1 yr

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Mass in pancreas
Of operations.

Date of operation 1/19/53 Was autopsy performed? no

What test confirmed diagnosis? operative

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Joseph Tartan M. D.

(Address) 51 Brattle St. Date 10/1/53

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 3, 1953

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
189 Winthrop St., Winthrop

ADDRESS

Received and filed NOV 12 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Divorced

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Warren Luttis
(husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Clerk Typist
(Kind of work done during most of working life)

14 Industry or Business: Home Loan Co., Inc.

15 Social Security No. 031 10 6902

16 BIRTHPLACE (City) Melrose, Mass.
(State or country)

17 NAME OF FATHER Andrew Lipsett

18 BIRTHPLACE OF FATHER (City) St. John's
(State or country) N.B.

19 MAIDEN NAME OF MOTHER Mabel Phillips

20 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass.21 Informant Elmer L. Lipsett
(Address) 80 Upland St., Winthrop

A TRUE COPY

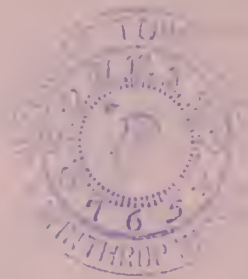
ATTEST: Frederick H. Burke
(Registrar of City or Town where death occurred)

DATE FILED 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

RECEIVED



NOV 12 AM

PLACE OF DEATH

NORFOLK

(County)

BROOKLINE

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

Registered No.

759 238

No. 173 Thorndike Street

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John Warren Proctor

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) World II(a) Residence. No. 54 Locust Street
(Usual place of abode)St. Winthrop, Massachusetts
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....3 months.....days. In place of residence.....7 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 12 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Subdural Hemorrhage - hour

a fall at home

October 12, 1953 - Alcoholism

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did
Injury occur?.....
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place?.....
(Specify type of place)Manner of
Injury.....
(How did injury occur?)Nature of
Injury.....

While at work?..... Was autopsy performed? Oct. 12, 1953

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Thomas P Kendrick, M. D.
454 Washington Street
(Address) Brookline, Mass. Date Oct. 13 53

7 Winthrop Cemetery, Winthrop, Massachusetts

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL October 16 1953

8 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS Winthrop, Massachusetts

Received and filed NOV 12 1953 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX male 10 COLOR OR RACE white 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married11a If married, widowed, or divorced HUSBAND of Claire C. McLaughlin
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 37 Years.....Months.....Days If under 24 hours
Hours.....Minutes14 Usual Occupation: U. S. Navy
(Kind of work done during most of working life)15 Industry
or Business:.....

16 Social Security No.

17 BIRTHPLACE (City) Malden
(State or country) Massachusetts

18 NAME OF FATHER Carl Proctor

19 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country) New Hampshire

20 MAIDEN NAME OF MOTHER Lillian Wallstrom

21 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)22 Informant: Claire C. Proctor
(Address) 54 Locust St., Winthrop, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)
Town Clerk

DATE FILED October 14 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658



NOV 13 AM

October 3, 1951

January 29, 1952

C S/3

U.S.N.R. V6

803-75-71

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 239

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) St.

2 FULL NAME Julia T. Winston (Donovan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 25 Governor Road, Stoneham, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days In place of residence 4 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 1 53
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 17 1953 to Nov 1 1953I last saw her alive on Nov 1 1953 death is said to
have occurred on the date stated above, at 3:35 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL BETWEEN
ONSET
AND DEATH

2 days

ANTECEDENT CAUSES (b) Arterio-sclerotic Heart
Disease with congestive
failure and
pulmonary edema.

Due To (c) 14 days

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus 15 yrs

Major findings: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr. R. C. Kirby M. D.
(Address) 22 Pleasant St. Boston Date 11/1 19536 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 4th 1953

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 217 Bennington St., E. Boston

Received and filed NOV 4 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Female White Widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James B. Winston
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 9 Months 21 Days
If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. None

16 BIRTHPLACE (City) East Boston Mass.
(State or country)

17 NAME OF FATHER John Donovan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Regan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Marie Holetz-daughter
(Address) 25 Governor Rd., StonehamI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter B. Baker
(Signature of Agent of Board of Health or other)H.O. Baker
(Official Designation) NOV 2 - 1953
(Date of Issue of Permit)

50M-5-52-907046

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

—Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any formal injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 240

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ARTHUR J. CALDWELL
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 86 Ingleside Avenue St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months 21 days In place of residence 10 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 2, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 11, 1953, to Nov. 2, 1953.I last saw him alive on Nov. 2, 1953, death is said to
have occurred on the date stated above, at 1:40 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PeritonitisINTERVAL BE-
TWEEN ONSET
AND DEATH

3 wks

ANTECEDENT CAUSES (b) Acute Gastric Ulcer

3 wks

Due To (c) Gastric Resection

3 wks

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Bleeding Gastric Ulcer

Date of operation: Oct. 12, 1953 Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Charles Liberman M. D.
(Address) 238 Elm Drive Date Nov. 2, 19536 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 5, 1953

7 NAME OF FUNERAL DIRECTOR John F. O'Neale

ADDRESS Winthrop Mass

Received and filed NOV 4 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed or divorced
HUSBAND of Helen M. Herbert
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Elec Welder
(Kind of work done during most of working life)

14 Industry or Business: U.S. Naval Shipyard

15 Social Security No.

16 BIRTHPLACE (City) Lynn
(State or country) Mass

17 NAME OF FATHER Jacob A. Caldwell

18 BIRTHPLACE OF FATHER (City) Lynn
(State or country) Mass

19 MAIDEN NAME OF MOTHER Isabelle McKenna

20 BIRTHPLACE OF MOTHER (City) Lynn
(State or country) Mass21 Informant: Helen M. Caldwell
(Address) 86 Ingleside Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11-4-53

50M-5.52-907046

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

December 15, 1917

DATE OF DISCHARGE

July 12, 1919

RANK, RATING

Corporal

ORGANIZATION AND OUTFIT

Supply Co. 326 Quartermaster Corps

SERVICE NUMBER

701815

PLACE OF DEATH

1

SUFFOLK

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 9724241

No. 736 Washington St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

xx

2 FULL NAME. KATHERINE L CAREY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, WW I if so specify WAR)

(a) Residence. No. 3 Lorean Terrace, St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

xx

Length of stay: In place of death.....years.....months 12 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 3 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11/2 19 to 11/3 19 53

I last saw her alive on 11/2 1953 death is said to have occurred on the date stated above, at 5:35a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) pulmonary edema 3 days

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To myocardial infarction

13 days

Due To (c)

OTHER SIGNIFICANT CONDITIONS Hypertension 6 yrs.

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? EKG

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. O'herty M. D. (Address) St. Eliz. Hosp. Date 11-3-53

6 Place of Burial or Cremation St. Mary's Salem, Mass.

DATE OF BURIAL Nov 6 1953

7 NAME OF FUNERAL DIRECTOR J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed NOV 16 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: retired Nurse (Kind of work done during most of working life)

14 Industry or Business: U. S. Vet. Adm. Nurse

15 Social Security No. 16 BIRTHPLACE (City) Salem Mass (State or country)

17 NAME OF FATHER Timothy Carey

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Honora Horgan

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant (Address) J. Lester Hourigan

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov 6 1953

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900.475

DATE OF ENTERING MILITARY SERVICE - 9/21/18

" " DISCHARGE

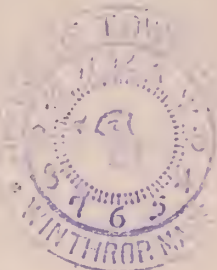
1/11/21

RANK/RATING

2nd Lt.

ORGANIZATION & OUTFIT

U S Army Nurse Corps



NOV 16 AM

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 621 242

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Francis Donohy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR.)

WWI

(a) Residence. No. 374 Pleasant

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay. In place of death 1 years 9 months 25 days. In place of residence 5 years 9 months 25 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 5, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1952, to Nov. 5, 1953.

I last saw him alive on Nov. 4, 1953, death is said to

have occurred on the date stated above, at 5:55A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Hypertensive heart

ANTE
CEDENT
CAUSES

Due To

(b) disease

Due To

(c)

OTHER

SIGNIFICANT
CONDITIONS

Auricular fibrillation

Major findings:

Of operations

Date of operation

Was autopsy performed no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benjamin Goldstein

M. D.

(Address) Soldiers' Home Date 11/5/53

6 Holy Cross Malden, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Nov. 7, 1953

19

7 NAME OF

FUNERAL DIRECTOR

Richard C. Kirby

ADDRESS Dorchester St. East Boston

Received and filed DEC 8 1953

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of Sarah A. Warren

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 72 Years 7 Months 10 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: P.O. Clerk

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No. none

16 BIRTHPLACE (City)

(State or country)

Cork, Ireland

17 NAME OF

FATHER Michael

18 BIRTHPLACE OF

FATHER (City) Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER Julia Kelliher

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Ireland

21

Informant

(Address)

Hospital Records

91 Crest Ave. Chelsea, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Nov. 5, 1953

19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

RECEIVED



DEC-9 '21

Enlisted Dec.26,1917
Discharged Dec.16,1918
Private 1/c
Co.A.34d Batt.U.S.Guards
591644

R-301A

CERTIFICATE

F DEATH

enter
man one
or each
) and (c)es not mean
dying, such
re, asthenia,
the disease,
whichconditions,
rise to the
(a) stating
ing causens contrib-
death but not
disease or
using death.

50M-5-52-907046

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME John B. Faucon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 144 Bradstreet
(Usual place of abode)Ave. Revere, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years 3 months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 6 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 4, 1953, to Nov. 5, 1953I last saw him alive on Nov. 6, 1953, death is said to
have occurred on the date stated above, at 4:45 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH
2 moANTE CEDENT (b) Due To Cardiac Failure
CAUSES

2 weeks

Due To Hypertension
(c)

3 mos

OTHER
SIGNIFICANT
CONDITIONS
CerebritisMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? E. K. G.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Smith, M.D. Date 11/6 1953
(Address) 121 State St., Boston6 Holy Cross Place Malden, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 9, 1953

7 NAME OF FUNERAL DIRECTOR Michael J. Rosella
ADDRESS 10 No. Bennet St., Boston, Mass.

Received and filed NOV 10 1953 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 243

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Caroline Cornelissen
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Cigar Mfg.
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. none

16 BIRTHPLACE (City) BRUSSELS
(State or country) Belgium

17 NAME OF FATHER Nicolas Faucon

18 BIRTHPLACE OF FATHER (City)
(State or country) Belgium

19 MAIDEN NAME OF MOTHER Maria Laurent

20 BIRTHPLACE OF MOTHER (City)
(State or country) Belgium21 Informant Mrs. Marguerite Staton Daug.
(Address) 144 Bradstreet Ave., Revere, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other
Official Designation) (Date of Issue of Permit) 11.9.53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or, immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 1539

241

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Fitzgerald

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 19 Moore St.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 6, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 16, 1953, to Nov. 6, 1953.

I last saw her alive on Nov. 5, 1953, death is said to

have occurred on the date stated above, at 12.35A m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Metastatic cancer
stomachINTERVAL BE-
TWEEN ONSET
AND DEATH

unkn

ANTE Due To
CEDENT (b)
CAUSES

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Inop. cancer stomach

Of operations

Date of operation 9/53 Was autopsy performed? yes

What test confirmed diagnosis? Specimen

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George B. Smithy M. D.

(Address) Holyghost Hospt Date 11/6 53

Mt. Auburn Crem. Cambridge

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 9, 1953 19

7 NAME OF FUNERAL DIRECTOR Joseph S. Waterman

ADDRESS 495 Comm. Av., Boston

Received and filed Dec 3, 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of George E. Fitzgerald

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 70 Years 11 Months 4 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Housewife

(Kind of work done during most of working life)

14 Industry

or Business: At home

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

Germany

17 NAME OF

FATHER Herman L. Place

18 BIRTHPLACE OF

FATHER (City) Germany

(State or country)

19 MAIDEN NAME Wilhemenia Woloschnewsky
OF MOTHER

20 BIRTHPLACE OF

MOTHER (City) Germany

(State or country)

21

Informant

(Address)

Ralph Knight
38 Ascotney St., Windsor Vt.

A TRUE COPY

ATTEST: Frederick H. Benson
(Registrar of City or Town where death occurred)

DATE FILED

November 6, 1953

19

1.15 V

RECEIVED



DEC-3 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900.475

The Commonwealth of Massachusetts

BOSTON



EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 0092 245

PLACE OF DEATH

No. Mass General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FRANK CAMPBELL

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 33 Banks

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 7 days. In place of residence. 25 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 7 1953

4 I HEREBY CERTIFY, That we attended deceased from 10/31 19 to 11/7 1953

We last saw him alive on 11/7 1953, death is said to

have occurred on the date stated above, at 5:30 a.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) myocardial infarction

ANTE CEDENT CAUSES

Due To

(b) coronary sclerosis

40yrs.

Due To

(c) general arterio-

sclerosis

40yrs.

OTHER SIGNIFICANT CONDITIONS

Post-op. intestinal

Major findings: Of operations.

Expl. laparotomy

7days

Date of operation 11-1-53 Was autopsy performed?

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. Clay

MCH

Date 11-9 1953

M. D.

Woodlawn Cem

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Nov 10

19 53

7 NAME OF FUNERAL DIRECTOR H Reynolds

ADDRESS Winthrop, Mass.

Received and filed NOV 16 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

M W MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of Alice J. Wood

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 92 Years 1 Months 27 Days If under 24 hours Hours Minutes

13 Usual Occupation: Engineer

14 Industry or Business: Portable

15 Social Security No.

16 BIRTHPLACE (City) - - - Nova Scotia

17 NAME OF FATHER Peter Campbell

18 BIRTHPLACE OF FATHER (City) Nova Scotia

19 MAIDEN NAME OF MOTHER Sarah Cosmon

20 BIRTHPLACE OF MOTHER (City) Nova Scotia

21 Informant (Address) A Campbell

A TRUE COPY

ATTEST: Charles H. Mackie

(Registrar of City or Town where death occurred)

DATE FILED Nov 12 19 53

RECEIVED



NOV 16 1891

Suffol

(County)

Winthrop

(City or Town)

No. 140 River Rd.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)STANDARD
CERTIFICATE OF DEATH

Registered No. 246

2 FULL NAME Frederic H Everbeck
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 140 River Rd.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 23 years.....months.....days. In place of residence. 23 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 7, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
18 Dec., 1949, to 7 November, 1953I last saw him alive on 7 November 1953, death is said to
have occurred on the date stated above, at 3:50 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

2 1/2 hrs.

ANTE CEDENT CAUSES Due To Cerebral Arteriosclerosis 1 yr

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Myocardial Infarction 4 yrsMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Mass. Date 7 Nov 1953

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 10 1953

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed NOV 10 1953 19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed or divorced
HUSBAND of Florence M Davy
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 6 Months 14 Days If under 24 hours
Hours Minutes13 Usual Occupation Fireman retired
(Kind of work done during most of working life)

14 Industry or Business Winthrop fire department

15 Social Security No. None

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Arthur Everbeck

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Ella Freeman

20 BIRTHPLACE OF MOTHER (City) Albany
(State or country) New York21 Informant Florence Everbeck
(Address) 140 River Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11.9.53

L

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114; Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 247

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 54 Seaford Avenue

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Alexander L. Friedman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a no.
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 54 Seaford Avenue
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years months days. In place of residence 7 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 7, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1947 to Nov. 7, 1953
I last saw him alive on December 6, 1953 death is said to
have occurred on the date stated above, at 5:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Cardiac InfarctionINTERVAL BE-
TWEEN ONSET
AND DEATH

2 days

ANTECEDENT CAUSES Due To Hypertension
(b) 15 yrs.Due To
(c)

OTHER SIGNIFICANT CONDITIONS Coronary of left ventricle 3 yrs.

Major findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical & lab.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles L. Friedman M. D.
(Address) 238 Shore Drive Winthrop 11/7/1953

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 5, 1953

7 NAME OF FUNERAL DIRECTOR Benj. F. Bolosnow

ADDRESS 450 Harvard St. Brookline

Received and filed NOV 10 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Rae Kaufman
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Operator (retired)
(Kind of work done during most of working life)

14 Industry or Business Motion Pictures

15 Social Security No.

16 BIRTHPLACE (City) xxxxxxxx New York, N.Y.
(State or country)

17 NAME OF FATHER Julia Friedman

18 BIRTHPLACE OF FATHER (City)
(State or country) Poland

19 MAIDEN NAME OF MOTHER Sarah Solomon

20 BIRTHPLACE OF MOTHER (City)
(State or country) England21 Informant (Address) Carol A. Erick
54 Seaford Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

248

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. 209 Somerset Ave

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Margaret F. Love
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(a) Residence. No.

209 Somerset Ave

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 10 years.....months.....days. In place of residence 10 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHNov 10 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/10 1953 to 11/10 1953

I last saw him alive on 11/10 1953 death is said to

have occurred on the date stated above, at 11 P m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Bronchitis
PneumoniaINTERVAL
BETWEEN ONSET
AND DEATH

2 Days

ANTE

Due To

CEDENT (b)

CAUSES

Carcinoma
of Lung

Due To

(c)

2 yr

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Carcinoma

Date of operation 11/52 Was autopsy performed?

What test confirmed diagnosis?

expectation

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

Asst. P. E. C. M. D.

(Address) 670 1/2 Main St. Date 11/10 1953

6

Place of Burial or Cremation

Winthrop P. O. Winthrop

DATE OF BURIAL

Nov 13 1953

7 NAME OF

FUNERAL DIRECTOR

Charles H. Treanor

ADDRESS

East Boston

Received and filed

NOV 12 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F.

9 COLOR OR RACE

W.

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 59

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Spinner

(Kind of work done during most of working life)

14 Industry

or Business:

Cotton Mill

15 Social Security No.

024-07-2236

16 BIRTHPLACE (City)

(State or country)

East Boston Mass

17 NAME OF

FATHER

James L. Love

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Margaret Stuart

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Anna Marshall

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

✓

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 104 Johnson Ave.,

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 249

2 FULL NAME. MRS. ANNA T. MACKEN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 104 Johnson Ave

(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence. 32 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOVEMBER 10 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan. 30, 1953, to Nov. 10, 1953.

I last saw her alive on Oct 19, 1953, death is said to

have occurred on the date stated above, at 3:10 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Carcinoma of
bile ductINTERVAL BE-
TWEEN ONSET
AND DEATH

2 yrs

ANTECEDENT CAUSES

Due To

none

OTHER
SIGNIFICANT
CONDITIONS

none

Major findings: Carcinoma of bile duct

Date of operation: 2-9-53 Was autopsy performed? No

What test confirmed diagnosis? surgical exploration

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Edward T. Welch

M. D.

Brookline

Date 11-10-1953

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 13 1953

7 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and filed NOV 12 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Patrick J. Macken
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 72 AGE Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Chester
(State or country) Mass.

17 NAME OF FATHER Matthew Tormey

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ann E. Fitzimmons

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Patrick J. Macken
(Address) 104 Johnson Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Valerie E. Baker
(Signature of Agent of Board of Health or other)
Health Officer 11/12/53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

250

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No. 183 Cottage Park Road

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mary Clara Murray

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 183 Cottage Park Rd

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence 33 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 12 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 25 1953 to Nov 12 1953

I last saw her alive on Nov 11 1953 death is said to

have occurred on the date stated above, at 11:15 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Chronic Myocarditis

First noticed —

INTERVAL BE-
TWEEN ONSET
AND DEATH18 Mos
agoANTE Due To
CEDENT (b) Old age
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. None

Date of operation. None Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John F. O'Malley

(Address) Rensselaers Mass.

Date 12 Nov 1953

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 16 1953

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass.

Received and filed NOV 16 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Warrington, Lancashire
(State or country) England

17 NAME OF FATHER Thomas Murray

18 BIRTHPLACE OF FATHER (City) County Galway
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Ann Stirrup

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Mary Murray
(Address) 183 Cottage Park Rd.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker H.O.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50M.(D) 6-51-904917

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican revolution of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 251

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Grace Newland Fisk
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO(a) Residence. No. 31 Villa Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 7 days. In place of residence 24 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 18 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 2 1953 to Nov 18 1953

I last saw her alive on Nov. 18, 1953, death is said to

have occurred on the date stated above, at 4:00 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute coronary
occlusion 1 1/2 hr.ANTECEDENT CAUSES (b) Cerebral hemorrhage 2 wks
andDue To (c) Arteriosclerosis
Heart Disease 2 yrs.OTHER
SIGNIFICANT
CONDITIONS None.Major findings: None
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Myron J. King M. D.
(Address) Pleasant St. Winthrop Nov. 8 19536 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 20 1953

7 NAME OF FUNERAL DIRECTOR Clifford B. Monk

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed Joseph P. Cronin Jr. 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED divorced
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of James Morrison Fisk
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 9 Months 24 Days
If under 24 hours Hours Minutes13 Usual Occupation: retired stenographer
(Kind of work done during most of working life)

14 Industry or Business: Wholesale canned goods

15 Social Security No. none broker

16 BIRTHPLACE (City) West Dennis
(State or country) Massachusetts

17 NAME OF FATHER Charles H. Kelley

18 BIRTHPLACE OF FATHER (City) West Dennis
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Idella Studley

20 BIRTHPLACE OF MOTHER (City) West Dennis
(State or country) Massachusetts21 Informant Mrs. Allen D. Williamson
(Address) 235 Washington Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 11.19.53

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in such certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Comm. Hospital

STANDARD
CERTIFICATE OF DEATH

Registered No. 252

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Baby (girl) Bellitti
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 143 Boston Ave.
(Usual place of abode)St. Somerville
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 19, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19..... to..... 19.....

I last saw h..... alive on..... 19..... death is said to

have occurred on the date stated above, at..... m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Stillborn, 4/19/53

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To malformation
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed? hu

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? hu

If so, specify

(Signed) Paul J. Donohue M. D.
(Address) 1179 19536 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 23, 1953

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East Boston

Received and filed NOV 23 1953 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 9 COLOR OR RACE W. 10 SINGLE (write the word)
MARRIED Singl
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here Stillborn

12 AGE 0 Years 0 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation:
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)

17 NAME OF FATHER Jack Bellitti

18 BIRTHPLACE OF FATHER Boston
(City) (State or country)

19 MAIDEN NAME OF MOTHER Rita De Vito

20 BIRTHPLACE OF MOTHER Boston
(City) (State or country)21 Informant Jack Bellitti
(Address) 143 Boston Ave SomervilleI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

PLACE OF DEATH

1

SOMERVILLE
11/22/53

R-301A

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50M-5-52-907046

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Mayflower Nursing Home 39 Grovers Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David L. Martin
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence. No. 121 Bennington
(Usual place of abode)St. Revere
(If nonresident, give city or town and State)

Length of stay: In place of death. years months 21 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 20, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from July 1953 to Nov. 20, 1953
I last saw him alive on Nov. 20, 1953 death is said tohave occurred on the date stated above, at 4:15 a. m.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congestive Heart FailureANTECEDENT CAUSES (b) Arterio-sclerotic heart disease
(c)INTERVAL BETWEEN ONSET AND DEATH
4 mo.

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? No
What test confirmed diagnosis? Phys. Exam.5 Was disease or injury in any way related to occupation of deceased? No
If so, specify William B. Hoffman M. D.
(Signed) Revere, Mass. Date 11/20, 1953
(Address)6 Forest City Cemetery South Portland
Place of Burial or Cremation (City or Town) Maine

DATE OF BURIAL November 23, 1953 19

7 NAME OF FUNERAL DIRECTOR Leslie W. Pike
ADDRESS 305 Beach St Revere

Received and filed NOV 20 1953 19

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 253

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of Alice G. Williams
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 6 Months 12 Days If under 24 hours Hours Minutes

13 Usual Occupation: Policeman (Retired)
(Kind of work done during most of working life)

14 Industry or Business: Boston Police

15 Social Security No. 011-12-9768

16 BIRTHPLACE (City) St. Stephens
(State or country) New Brunswick

17 NAME OF FATHER Albert Martin

18 BIRTHPLACE OF FATHER (City) New Brunswick
(State or country)

19 MAIDEN NAME OF MOTHER Jane Unknown

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Henry A. Martin
(Address) 121 Bennington St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 11.20.53
(Official Designation) (Date of Issue of Permit)

100M (D) 10-48-24856

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease, resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

25m-(b)-11-49-900,475

PLACE OF DEATH
1

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1031254

No. Mass. General Hospt.

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME Ida E Segal

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 47 Thornton Park
(Usual place of abode)

Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Nov. 21/53

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov. 13, 1953, to Nov. 21, 1953

I last saw her alive on Nov. 21, 1953, death is said to

have occurred on the date stated above, at 10:10 PM.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Rheum. heart disease

INTERVAL BETWEEN ONSET AND DEATH

Yrs

ANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS
Broncho pneumonia

Days

Major findings:
Of operations.

Date of operation.....Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D Wysham M. D.
(Address) Mass. Gen. Hosptl Date 11-22-1953

6 Place of Burial or Cremation Adath Israel Wakefield Mass.
(City or Town)

DATE OF BURIAL Nov. 23/53 19

7 NAME OF FUNERAL DIRECTOR B F Solomon
ADDRESS Brockline Mass.

Received and filed DEC 7 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of Joseph Segal
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 75 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife
(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Russia

17 NAME OF FATHER

Josiah D Swartz

18 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

19 MAIDEN NAME OF MOTHER

Dora Segal O.K.

20 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

21

Informant
(Address)

Alice S. Rotfort

A TRUE COPY

ATTEST: Charles H. Mack
(Registrar of City or Town where death occurred)

DATE FILED Nov. 24/53 19

RECEIVED



DEC-7 AM

PLACE OF DEATH

1

SUFFOLK

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 10301

No. Mass Memorial Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. IDA GALLANT
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 153 Winthrop
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 8½ days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 22 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11/14 19 to 11/22 1953

I last saw her alive on 11/21 1953 death is said to

have occurred on the date stated above, at 6:50a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) metastatic carcinoma 1mon.

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) P. Madman

(Address) MCH Date 11/22 1953

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 24 1953

7 NAME OF FUNERAL DIRECTOR F. McGlinchey

ADDRESS Chelsea, Mass.

Received and filed NOV 30 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED Widowed or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John J. Gallant
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. - - -

16 BIRTHPLACE (City) New Brunswick
(State or country)

17 NAME OF FATHER - - - Gaudet

18 BIRTHPLACE OF FATHER (City) -unknown-
(State or country)

19 MAIDEN NAME OF MOTHER -unknown-

20 BIRTHPLACE OF MOTHER (City) - - -
(State or country)21 Informant G. Gallant
(Address)

A TRUE COPY

ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Nov 24 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900, 475

RECEIVED



NOV 30

AM

Declined By Medical Examiner

The Commonwealth of Massachusetts

Boston

Suffolk

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

(City or town making return)

(County)

DIVISION OF VITAL STATISTICS

Boston

COPY OF

(City or Town)

CERTIFICATE OF DEATH

Registered No. 1067 256

No. Mass. General Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Montferrand (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 26 Beal St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....1 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 25/53 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 25 19 53 to Nov. 25 19 53

I last saw her alive on Nov. 25/53 death is said to have occurred on the date stated above, at 1:30PM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Hrs

ANTE CEDENT CAUSES

Due To (c)

Hypertensive arterio sclerotic heart disease

11 Yrs

OTHER SIGNIFICANT CONDITIONS

Old myocardial infarction 6 Yrs hypothyroidism Yrs

Major findings: Of operations.

Femoral vein ligation

Date of operation May 1/47 Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Neumann M. D. (Address) Boston Mass. Date 11-25 19 53

6 Winthrop Gen Winthrop Mass. (City or Town)

DATE OF BURIAL Nov. 28/53 19

7 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass.

Received and filed DEC 7 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of Arthur Montferrand (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work usually done most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) East Boston Mass. (State or country)

17 NAME OF FATHER

Patrick Sheerin

18 BIRTHPLACE OF FATHER (City)

Ireland

19 MAIDEN NAME OF MOTHER

Susan Sheerin

20 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

21 Informant George A Gleason (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov. 30/53 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

RECEIVED



DEC-7

AM

BOSTON

The Commonwealth of Massachusetts



EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 10547257

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Mass Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ROSE Z KRAMER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 29 Cutler

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....2 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 27 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11/26 19 to 11/27 19 53

I last saw her alive on 11/27 19 53 death is said to

have occurred on the date stated above, at 11:40a. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

48hrs.

ANTE Due To
CEDENT (b) hypertensive cardio-vascular disease
CAUSES

4hrs.

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus

4yrs.

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P Bonnet
(Address) MMH

Date 11/27 19 53

6 Tifereth Israel of Winthrop-Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 29 19 53

7 NAME OF FUNERAL DIRECTOR H J Torf

ADDRESS Chelsea, Mass.

Received and filed DEC 7 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Barnet Kramer
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Moshe Zeidell

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER -cannot be learned-

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) B Kramer

A TRUE COPY

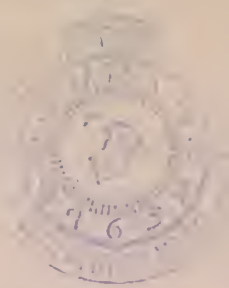
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec 1, 53

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900,475



DEC-7 2001

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

258

No. Danvers State Hospital, Hethorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ronald MacDonald
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 79 Reed Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 0 months 12 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 4, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 23, 1952 to Nov. 4, 1953I last saw him alive on Nov. 4, 1953 death is said to
have occurred on the date stated above, at 4:30 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

7 days

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)

OTHER SIGNIFICANT CONDITIONS Bronchopneumonia 1 day

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Nichols 3rd M. D.
(Address) Danvers, Mass. Date 11/6/536 Holy Cross Cem. Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 7, 1953

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS E. Boston, Mass.

Received and filed DEC 14, 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Alice MacIntyre
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years 10 Months 26 Days If under 24 hours
Hours Minutes13 Usual Occupation Painter
(Kind of work done during most of working life)14 Industry
or Business

15 Social Security No.

16 BIRTHPLACE (City) Winthrop, Mass.
(State or country)

17 NAME OF FATHER Daniel MacDonald

18 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

19 MAIDEN NAME OF MOTHER Margaret MacLean

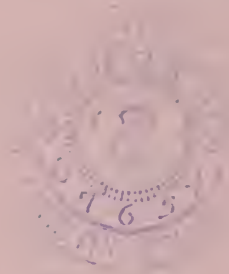
20 BIRTHPLACE OF MOTHER Nova Scotia
(State or country) Canada21 Informant Mary E. Sheehan
(Address) Hethorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED November 9, 1953

RECEIVED



DEC 14 18

PLACE OF DEATH

NORFOLK

(County)
BROOKLINE
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

Registered No. 836 259

No. **Bournewood Hospital**{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME **Herbert George Butt**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. **41 Thornton Road**
(Usual place of abode)St. **Winthrop, Massachusetts**
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....7.....days. In place of residence.....38.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **November 15 1953**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
November 8 1953 to **November 15 1953**I last saw him alive on **November 15 1953**, death is said to
have occurred on the date stated above, at **11 a.** m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Cerebral Thrombosis**INTERVAL BE-
TWEEN ONSET
AND DEATH**2 days**ANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT CONDITIONS **Generalized Arteriosclerosis****years**Major findings:
Of operations.....Date of operation..... Was autopsy performed? **no**

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? **no**If so, specify **Charles Saltzman**(Signed) **300 South Street** M. D.(Address) **Brookline, Mass.** Date **Nov. 15 1953**6 **Winthrop Cemetery, Winthrop, Massachusetts**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **November 17 1953**7 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**ADDRESS **174 Winthrop Street, Winthrop, Mass.**Received and filed **DEC 11 1953** 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **male** 9 COLOR OR RACE **white** 10 SINGLE (write the word)
MARRIED
WIDOWED **married**
or DIVORCED10a If married, widowed, or divorced
HUSBAND of **Cynthia Hill Johnson**
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

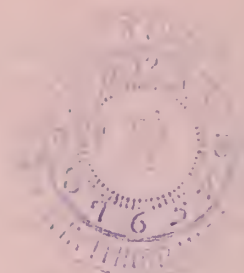
12 AGE **86** Years **6** Months **29** Days If under 24 hours
Hours Minutes13 Usual Occupation: **Ret. Proprietor**
(Kind of work done during most of working life)14 Industry or Business: **Wood and Metal Products Co.**15 Social Security No. **no**16 BIRTHPLACE (City) **Exploits**
(State or country) **Newfoundland**17 NAME OF FATHER **John Butt**18 BIRTHPLACE OF FATHER (City).....
(State or country) **Newfoundland**19 MAIDEN NAME OF MOTHER **Ann Manuel**20 BIRTHPLACE OF MOTHER (City).....
(State or country) **Newfoundland**21 Informant **L. Mildred Butt**
(Address) **41 Thornton Park, Winthrop, Mass.**

A TRUE COPY

AtTEST: **Catharine J. [Signature]**
(Registrar of City or Town where death occurred)DATE FILED **November 16 1953**

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M (E)-6-50-902253



DEC 11 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

Registered No. 260

CERTIFICATE OF DEATH

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 104 Highland Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christina L. I. Owens
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 105 Grovers Ave

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days In place of residence 7 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DECEMBER 2, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JUNE 5, 1952, to DEC 2, 1953I last saw her alive on DECEMBER 2, 1953, death is said to
have occurred on the date stated above, at 7:25 P. M.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) CARCINOMATOSIS

INTERVAL BE-
TWEEN ONSET
AND DEATH
2 MoANTE
CEDENT
CAUSES

Due To (b) CARCINOMA UTERI

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: CARCINOMA (GRADE IV (INOPERABLE))

Date of operation OCT 26 53 Was autopsy performed? YES

What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6 Woodlawn Cemetery, Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 5, 1953

7 NAME OF FUNERAL DIRECTOR Victoria G. Reynolds

ADDRESS 180 Winthrop St, Winthrop

Received and filed DEC 4 1953 19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 8 Months 17 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housekeeper
(Kind of work done during most of working life)

14 Industry or Business: Private Home

15 Social Security No. none

16 BIRTHPLACE (City) Birmingham
(State or country) England

17 NAME OF FATHER Simon Owens

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) England Ireland

19 MAIDEN NAME OF MOTHER Eliza Lucy Adams

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) England21 Informant Mrs Katherine Brown
(Address) 105 Grovers Ave, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12-4-53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

261

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Comm. Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Baby (Boy) Chiango

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 172 Cottage

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 3 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
12-3 1953 to 12-3 1953

I last saw him alive on 12-3 1953, death is said to

have occurred on the date stated above, at 5:15 a.m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Prematurity
5 complete monthsANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

172 Cottage St.

Date 12-3

M. D. 1953

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 9 1953

7 NAME OF FUNERAL DIRECTOR Vincent Capino

ADDRESS 9 Chelsea St. East Boston

Received and filed DEC 8 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here Stillborn

12 AGE Years Months Days If under 24 hours
2 Hours 37 Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)

17 NAME OF FATHER Agostino Chiango

18 BIRTHPLACE OF FATHER (City) Boston
(State or country)

19 MAIDEN NAME OF MOTHER Louise Mei

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country)21 Informant Agostino Chiango
(Address) 172 Cottage St East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
11.8.53 (Date of Issue of Permit)

R-301A

DUPLICATIONS
OR
CERTIFICATEiving
OF DEATHt enter
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SOM-5-52-907046

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

R-301A

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 262

No. 1 Rutthrop, Concord, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Pearl Finkelshten Basch (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 212 Shore Drive (Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 42 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 7 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 30 1953 to Dec 7 1953

I last saw her alive on Dec 3 1953 death is said to

have occurred on the date stated above, at 7:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Empyema, emphysema, 3 weeks
Sepsis

INTERVAL BETWEEN ONSET AND DEATH

ANTE Due To (b) Pneumonia
CEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus
nephritisMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? Chest tap, X-Rays

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address) 1478 Myrtle St. Date 12-4-1953 M. D.

6 David Victor Charlton W. Rex
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 6 1953

7 NAME OF FUNERAL DIRECTOR H. J. TORI

ADDRESS 1615 Beum St Brooklyn

Received and filed DEC 4 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED MARRIED
WIDOWED
OR DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Samuel D Basch
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Brooklyn Rhode Island

17 NAME OF FATHER Barnett Finkelshten

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Hannah Finkelshten

20 BIRTHPLACE OF MOTHER (City) (State or country) England

21 Informant Samuel D Basch
(Address) 212 Shore Dr Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

J. L. J. Carver
(Signature of Agent of Board of Health or other)Health Officer 12.4.53
(Official Designation) (Date of Issue of Permit)

50M-5-52-907046

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH

1 (County) _____
(City or Town) _____
No. Children's Hospital xxxx (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME MARJORIE CASSENS (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 33 North Ave., Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death _____ years _____ months _____ days. In place of residence _____ years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 4 1953
(Month) (Day) (Year)
4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Fractured skull
Traumatic intracranial oedema
and hemorrhage
5 Accident, suicide, or homicide (specify) accidental
Date and hour of injury Nov. 30, 19 53
Where did injury occur? Winthrop
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? Highway
(Specify type of place)
Manner of Injury Injured by an auto at Winthrop
(How did injury occur?)
Nature of Injury Nov. 30, 1953
While at work? _____ Was autopsy performed? No
6 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W Brickley M. D.
Boston
(Address) Date 12/4 1953
Winthrop Winthrop
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL Dec. 7, 19 53
8 NAME OF FUNERAL DIRECTOR M Kirby
ADDRESS Winthrop, Mass.
Received and filed Dec. 14, 1953
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX F 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single
11a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)
12 IF STILLBORN, enter that fact here.
13 4 Years 11 Months _____ Days If under 24 hours
AGE _____ Hours _____ Minutes
14 Usual Occupation: _____
(Kind of work done during most of working life)
15 Industry or Business: _____
16 Social Security No. _____
17 BIRTHPLACE (City) Waltham
(State or country) Mass
18 NAME OF FATHER James W Cassens
19 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass
20 MAIDEN NAME OF MOTHER Lillian McEachern
21 BIRTHPLACE OF MOTHER (City) Winthrop,
(State or country) Mass
J Cassens
22 Informant (Address) _____
A TRUE COPY. Charles H. Mackie
ATTEST: _____
(Registrar of City or Town where death occurred)
DATE FILED Dec. 8, 19 53

FILED



DEC 11 11

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

261

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Mayflower Nursing Home

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME. George Howland
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran, NO.
if so specify WAR)(a) Residence. No. 39 Waldemar Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years 4 months days. In place of residence 33 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 5 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 10 1953 to December 5 1953
I last saw him alive on December 5 1953. Death is said tohave occurred on the date stated above, at 6 AM.
DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage 7 mos.INTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT CAUSES (b) Generalized
Arteriosclerosis 2 yrs.Due To
(c)OTHER SIGNIFICANT
CONDITIONS Uremia 40 hrs.Major findings: none
Of operations.Date of operation: none Was autopsy performed? 2p
What test confirmed diagnosis: clinical + pathological5 Was disease or injury in any way related to occupation of deceased? 2p
If so, specify: Jacob S. Abrams M. D.
(Signed) 662 Sedley St. Date 12/7/53
(Address)6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 7, 1953 19

7 NAME OF FUNERAL DIRECTOR Alfred B Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. DEC 7 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Alice Davies Gilbert
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 4 Months 22 Days
If under 24 hours
Hours Minutes13 Usual Occupation: retail salesman
(Kind of work done during most of working life)

14 Industry or Business: Stocks, Bonds and securities

15 Social Security No. 015-16-7442A

16 BIRTHPLACE (City) Hanson
(State or country) Mass.

17 NAME OF FATHER Nathaniel Thomas

18 BIRTHPLACE OF FATHER (City) Hanson
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Betsy Estes

20 BIRTHPLACE OF MOTHER (City) Hanson
(State or country) Mass.21 Informant Mrs. George Howland
(Address) 39 Waldemar Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Walter S. Baker
Health Officer
(Official Designation) 7-7-53
(Date of Issue of Permit)

R-301A

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CERTIFICATE
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50M-10-52-908091

m.c.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

265

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Dorothy R. Mulrey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

47 Wave Way Ave.,

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years 1 months 25 days. In place of residence..... 40 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Dec.

(Month)

5

(Day)

1953

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 10, 1953, to Dec 5, 1953

I last saw her alive on 12/5/1953, death is said to

have occurred on the date stated above, at 6:30 A.M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Cerebral Hemorrhage 8 wks

ANTE
CEDENT
CAUSES

Due To

(b)

Hypertension

2 yrs.

Due To

(c)

Rheumatic Heart Disease 20 yrs.

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.

Date of operation.....

Was autopsy performed? No

What test confirmed diagnosis?

Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Charles F. Mulrey

Winthrop Mass

Date 12/5/1953

St. Joseph's Boston Mass

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

December 9

1953

7 NAME OF
FUNERAL DIRECTOR

Wm. T. Mulrey

ADDRESS

Winthrop Mass

Received and filed

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

or DIVORCE Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 41

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Secretary

(Kind of work done during most of working life)

14 Industry

or Business:

Engineering

15 Social Security No.

16 BIRTHPLACE (City)

Boston

(State or country)

Mass

17 NAME OF

FATHER

John R. Mulrey

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Marie Kelley

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant

(Address)

Mabel Mulrey

47 Wave Way Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12-7-53

50M-5-52-907046

M.S.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

SUFFOLK
BOSTON

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 10809

266

No. / Beth Israel Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE LUBELL

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 275 River Road,
(Usual place of abode)xxxx Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 10 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 6 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
11/26 19..... to 12/6 19..... 53

I last saw him alive on 12/6 19..... 53 death is said to

have occurred on the date stated above, at 4:05p.....m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Uremic convulsion

INTERVAL BE-
TWEEN ONSET
AND DEATH

5mins

ANTE CEDENT
CAUSES Due To uremia
(b)

3mos.

Due To malignant hypertension
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? yes

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) A Kaitz M. D.
(Address) 330 Brkl. Ave. Date 12/6 19..... 53

6 Tifereth Israel of Winthrop-Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 8 19..... 53

7 NAME OF FUNERAL DIRECTOR H Torf

ADDRESS Chelsea, Mass.

Received and filed DEC 22 1953 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED married
OR DIVORCED10a If married, widowed or divorced
HUSBAND of Sally Coster
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 46 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Commission Broker
(Kind of work done during most of working life)

14 Industry or Business: Food

15 Social Security No. - - -

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER Samuel Lubell

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Anna Moscovitz

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant S Lubell
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 9 19..... 53

RECEIVED



DEC 22 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1081267

No. Hebrew Aged Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Zelda Barrol (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 79 Shore Drive St. Winthrop Mass. (If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 8/53 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1952, to Dec. 7, 1953. I last saw him alive on Dec. 7, 1953, death is said to have occurred on the date stated above, at 7:20A.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congestive heart failure

ANTE CEDENT CAUSES Due To (b) Hypertensive arterio sclerotic heart disease

Due To (c) Pulmonary infarctions

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) J. Gottler M. D. (Address) Dorchester Mass. Date 12-8-53

6 Place of Burial Beth David Woburn Mass. (City or Town)

DATE OF BURIAL Dec. 9/53

7 NAME OF FUNERAL DIRECTOR B. Birnbach Dorchester Mass.

ADDRESS DEC 22 1953

Received and filed. DEC 22 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED Widowed or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Abraham Barrol (or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Israel Brockman

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant B Miller (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 11/53



DEC 22 AM

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)Does not mean
of dying, such
ture, asthenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
e disease or
causing death.

BOM-5-52-907046

PLACE OF DEATH

1

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

268

To be filed for burial permit
with Board of Health
or Its Agent.No. Winthrop St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME James L. Jones
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 13 Beacon Hill Ave. St. Lyons
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 8 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1952 to Dec 8 1953I last saw him alive on Dec 7 1953, death is said to
have occurred on the date stated above, at 8:15 PM M.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Myocardial infarct
+ dayINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS NoneMajor findings:
Of operations NoneDate of operation None Was autopsy performed? NoWhat test confirmed diagnosis? Electrocardiogram5 Was disease or injury in any way related to occupation of deceased? NoIf so, specify Myocardial infarct M. D.
(Signed) James L. Jones Date Dec 8 1953
(Address) 13 Beacon Hill Ave. Lyons6 Mr. Russell & Son Lyons
Place of Burial or Cremation (City or Town)DATE OF BURIAL Dec 8 19537 NAME OF FUNERAL DIRECTOR James L. JonesADDRESS Lyons, Dec 8 1953Received and filed Dec 8 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED None10a If married, widowed, or divorced
HUSBAND of Rachael Brook
(Give maiden name of wife in full)(or) WIFE of None
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 8 Months 3 Days If under 24 hours
Hours Minutes13 Usual Occupation: upholsterer
(Kind of work done during most of working life)14 Industry or Business: Shop15 Social Security No. None16 BIRTHPLACE (City) Lyons
(State or country)17 NAME OF FATHER Thomas Jones18 BIRTHPLACE OF FATHER (City) Lyons
(State or country)19 MAIDEN NAME OF MOTHER Bessie Eckman20 BIRTHPLACE OF MOTHER (City) Lyons
(State or country)21 Informant Mr. Rachael Brook Jones
(Address) 13 Beacon Hill Ave. LyonsI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)Health Officer 12-8-53
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (b) (7)(C) (poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 109269

No. Mass. General Hospt. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hymen B Horovitz (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) W W #1

(a) Residence. No. 252 Shore Drive St. Winthrop Mass. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 10/53 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1953, to Dec. 10, 1953. I last saw him alive on Dec. 10, 1953, death is said to have occurred on the date stated above, at 6:25A m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Myocardial infarction
extensiveINTERVAL BE-
TWEEN ONSET
AND DEATH

13 Days

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation..... Was autopsy performed Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. Neumann

M. D.

(Address)

Boston Mass.

Date

12-11-53

6 Place of Burial Sharon Park Sharon Mass. (City or Town)

DATE OF BURIAL Dec. 11/53 19

7 NAME OF FUNERAL DIRECTOR H. J. Torf

ADDRESS Chelsea Mass.

Received and filed Dec. 21, 1953 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Doris Williams (Last name in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: (Kind of work during most of working life)

14 Industry or Business: Law

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Isaac Horovitz

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Doris Horovitz Wife

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 14/53 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)



DEC 21, 1918 AM
1/53

Entered Service April 17, 1917 Discharged 2-8-1919
Private 55th C.A.C. Service No.
Unknown

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 52 Brookfield Road

2 FULL NAME. Mary E. Shaw
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 52 Brookfield Road
(Usual place of abode)

Length of stay: In place of death. years months days. In place of residence 50 years months days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

270

Registered No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

INSTRUCTIONS
FOR
CERTIFICATEiving
OF DEATHt enter
han one
for each
b) and (c)oes not mean
f dying, such
ure, asthenia,
as the disease,
ations which
h.l conditions,
ng rise to the
(a) stating
ying causeions contrib-
death but not
e disease or
using death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 14, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 12, 1953 to Dec. 14, 1953
I last saw her alive on Dec. 14, 1953, death is said to

have occurred on the date stated above, at 2:10 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) Acute Coronary ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

9 hours

ANTECEDENT
CAUSESDue To Arteriosclerotic and
hypertensive heart disease

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Hypertrophic arthritis

Major findings:
Of operations

Date of operation. none Was autopsy performed? No

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice T. Shaw, Jr. M. D.
(Address) 562 Cherry St., Winthrop, Mass. Dec. 14, 19536 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 16, 1953

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed DEC 15 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Hugh J. Shaw
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Clerk
(Kind of work done during most of working life)

14 Industry or Business: Real Estate

15 Social Security No. 021-28-2846

16 BIRTHPLACE (City) Everett
(State or country) Mass

17 NAME OF FATHER Augustus Arnaud

18 BIRTHPLACE OF FATHER (City) Paris
(State or country) France

19 MAIDEN NAME OF MOTHER Mary E. LeBlanc

20 BIRTHPLACE OF MOTHER (City) Cape Breton
(State or country) Nova Scotia21 Informant Paul Shaw
(Address) 52 Brookfield Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 11083 271

No.

Veteran's Adm. Hospt Boston

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

William A Wyke

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

W W #1

(a) Residence. No.

483 Shirley

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....16 days. In place of residence 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Dec. 14/53

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 28 19 53 to Dec. 14 19 53

I last saw him alive on Dec. 14 19 53, death is said to

have occurred on the date stated above, at.....m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Carcinoma of bladder 1-2 Yrs

ANTE Due To
CEDENT (b)
CAUSESwith metastases to pelvic
nodes and liverDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Ca of bladder with metastases

What test confirmed diagnosis?

operations

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Harold A. Riedy

Date

12-14-19

53

6

Place of Burial or Cremation

Winthrop Cem Winthrop Mass.

DATE OF BURIAL

Dec. 17/53

7 NAME OF

FUNERAL DIRECTOR

J. F. O'Malley

ADDRESS

Winthrop Mass.

Received and filed

Dec. 18 1953

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Helen Placco

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

65 Years

1 Months

26 Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Bartender

(Kind of work done during most of working life)

14 Industry

or Business:

010-11-3815

15 Social Security No.

East Boston Mass.

16 BIRTHPLACE (City)

(State or country)

17 NAME OF
FATHER

Herbert Wyke

18 BIRTHPLACE OF

FATHER (City)

England

(State or country)

19 MAIDEN NAME

OF MOTHER

Alice Holt

20 BIRTHPLACE OF

MOTHER (City)

England

(State or country)

PARENTS

21

Informant

(Address)

V A Hospt Records

Boston Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Dec. 18/53

19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-3-53-909098

RECEIVED



DEC31

AM

Entered Service 12-19-17

Discharged 2-8-19

Cook U S Army

Service No. 579533

Corrected Copy

The Commonwealth of Massachusetts
EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return) **BOSTON**

Registered No. **11092**

1 PLACE OF DEATH

SUFFOLK
BOSTON
 (County)



(City or Town)

No. **818 Harrison Ave** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Stephen D. McCallum**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
817 Shirley (Was deceased a U. S. War Veteran, if so specify WAR) **WWII**

(a) Residence. No. **Winthrop** St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Dec. 15, 1953**
 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Arteriosclerotic heart disease

5 Accident, suicide, or homicide (specify)
 Date and hour of injury 19
 Where did injury occur?
 (City or town and State)
 Did injury occur in or about home, on farm, in industrial place, or in public place?
 (Specify type of place)
 Manner of Injury
 (How did injury occur?)
 Nature of Injury
 While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **Richard Ford** M. D.
Boston Date **12/16/53**
 (Address)
Winthrop - Winthrop

7 Place of Burial, or Cremation. (City or Town)
Winthrop - Winthrop
 DATE OF BURIAL **12/18/53** 19

8 NAME OF FUNERAL DIRECTOR **Maurice W. Kirby**
210 Winthrop St. Winthrop
 ADDRESS

Received and filed **May 17, 1954**

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX **Male** 10 COLOR OR RACE **White** 11 SINGLE (write the word) **Widowed**
 MARRIED WIDOWED or DIVORCED

11a If married, widowed, or divorced HUSBAND of **Elva Thompson**
 (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 **56** AGE Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: **Underwriter**
 (Kind of work done during most of working life)

15 Industry or Business: **Insurance**
111-07-1587

16 Social Security No. **Old Orchard**
Missouri

17 BIRTHPLACE (City) (State or country) **Stephen McCallum**

18 NAME OF FATHER **Ontario**
Canada

19 BIRTHPLACE OF FATHER (City) (State or country)

20 MAIDEN NAME OF MOTHER **unknown**

21 BIRTHPLACE OF MOTHER (City) (State or country) **unknown**

22 Informant (Address) **Marjorie Freeman**
5A Lakeview St. Arlington
Charles A. Mackie
 A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED **Dec 21, 1953** 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

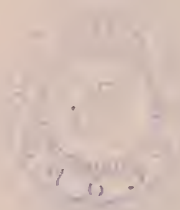
Eng Comp Rec'd 12/31/53

1000th place. Old Ground, Thailand

SEE - 1-10-54 - May 1954

CORR. 5-10-54 File

RECEIVED



MAY 11 1954

Entered military service: Aug 20/42

Discharged: Sept 12/45

Rank: Major

Org: 43 Depot Repair Squadron 43 Air Depot Group

Serv No.: O-489-831

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

273

No. 352 Revere

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mary W. Willis "Wahk"

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)

(a) Residence. No.

352 Revere

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 - 16 - 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 18, 1952 to Dec 15, 1953I last saw her alive on Dec 15, 1953, death is said to
have occurred on the date stated above, at 1:39 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Carcinoma

INTERVAL BE-
TWEEN ONSET
AND DEATHEstimated
1 yearANTE CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma

Date of operation: Sept 8, 1953 Was autopsy performed? noWhat test confirmed diagnosis? Chemical, Serum + Laboratory test5 Was disease or injury in any way related to occupation of deceased? noIf so, specify: Daniel J. O'Brien
(Signed) Winthrop M. D.
(Address) Winthrop Date Dec 17 19536 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL Dec. 18 19537 NAME OF
FUNERAL DIRECTORWm F. Welch

ADDRESS

315 B. May StreetReceived and filed DEC. 17, 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Fr. 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Arthur Willis
(Give maiden name of wife in full)(or) WIFE of Arthur Willis
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 48 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Stenographer
(Kind of work done during most of working life)14 Industry or Business: American Oil15 Social Security No. 028-91-12216 BIRTHPLACE (City) Concord
(State or country) Mass.17 NAME OF FATHER Dennis Walsh18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)19 MAIDEN NAME OF MOTHER Nora Scanlon20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Arthur Willis
(Address) 352 Revere St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Walter J. Baker
(Signature of Agent of Board of Health or other)Health Officer 12.17.53
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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e (a) stating
lying causetions contrib-
death but not
he disease or
causing death.

50M-5-52-907046

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Comm. Hospital

2 FULL NAME. Camille Interbartolo (Interbartolo)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 223 Chelsea St.
(Usual place of abode)St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)St. Everett, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 16 1953 to Dec 19 1953I last saw h alive on Dec 18 1953, death is said to
have occurred on the date stated above, at 8:30 AM.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Aortic aneurysm

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTE CEDENT
CAUSES

Due To (b) prolapsed cord

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Cerebral anoxiaMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) St. Thomas Stephen M. D.
(Address) 26 Broad St. E. B. Date Dec 19 19536 St. Michaels Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 23 1953

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St. East Boston

Received and filed. DEC 22 1953 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 271

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE..... Years..... Months 3 Days If under 24 hours
Hours..... Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)14 Industry
or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)

17 NAME OF FATHER Charles Interbartolo

18 BIRTHPLACE OF FATHER (City) Boston
(State or country)19 MAIDEN NAME OF MOTHER ANTONIETTE M.
Antonetti LoPilato20 BIRTHPLACE OF MOTHER (City) Italy - East Boston
(State or country) Mass.21 Informant Charles Interbartolo
(Address) 223 Chelsea St Everett MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Hooper, Jr.
(Signature of Agent of Board of Health or other)
Health Officer 12-23-53
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying, such
ture, asthenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

50M-52-907048

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertie E. Larabee Peabody
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. Newport Center, Vermont. St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 70 years months days.

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

275

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 19, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 22, 1953 to Dec. 19, 1953I last saw her alive on Dec. 19, 1953, death is said to
have occurred on the date stated above, at 10:15 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Pulmonary
EmbolismANTE CEDENT (b) Due To Adenocarcinoma
CAUSES of BowelDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Adenocarcinoma
Of operations

Date of operation Dec. 15, 1953 Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sybil W. Dickinson M. D.
(Address) Winthrop, Mass. Date Dec. 19, 19536 Place of Burial or Cremation Newport Center Vermont
(City or Town)

DATE OF BURIAL Dec. 22, 1953

7 NAME OF FUNERAL DIRECTOR Howard S. Bunnells

ADDRESS Winthrop, Mass.

Received and filed DEC 21 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Louis Peabody
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 4 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Newport Center
(State or country) Vermont

17 NAME OF FATHER Alvin Larabee

18 BIRTHPLACE OF FATHER (City) Berkshire
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Melissa Sweet

20 BIRTHPLACE OF MOTHER (City) Fairfield
(State or country) Vermont21 Informant Madeline Dickinson Dickinson
(Address) 89 Somerset Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

12-20-53
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 276

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

2 FULL NAME Hattie Maria Baker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)}

(a) Residence. No. 6 Jefferson St.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 11 years. months. 11 days. In place of residence. 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 21 1953
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Oct. 16 1950 to Dec. 21 1953I last saw her alive on Dec 21 1953 death is said to
have occurred on the date stated above, at 5:21 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Atherosclerotic
Heart DiseaseINTERVAL BE-
TWEEN ONSET
AND DEATH

3 yrs.

ANTE Due To (b) Broncho-
CEDENT CAUSES Pneumonia

2 wks

Due To (c) Uremia

48 hrs.

OTHER
SIGNIFICANT
CONDITIONS Congestive Heart
Failure

6 mos

Major findings:
Of operations. none

Date of operation. Was autopsy performed. No

What test confirmed diagnosis. clinical + lab

5 Was disease or injury in any way related to occupation of deceased. No

If so, specify (Signed) Jacob J. Abrams M. D.

(Address) 562 Broadway Date 12/22/53

6 Woodlawn Cemetery (City or Town) Everett

Place of Burial or Cremation

DATE OF BURIAL Dec. 23 1953

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed. DEC 23 1953

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 0 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation Forelady
(Kind of work done during most of working life)

14 Industry or Business Envelope Co.

15 Social Security No. 031-05-8541

16 BIRTHPLACE (City) Marshfield
(State or country) Mass.

17 NAME OF FATHER Henry Baker

18 BIRTHPLACE OF FATHER (City) Duxbury
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Maria Drake

20 BIRTHPLACE OF MOTHER (City) Pembroke
(State or country) Mass.21 Informant Verma D Cole
(Address) 10 Center Pl. Saugus Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

PARENTS

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical drugs or poisons, thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 277

2 FULL NAME Regina V. Barker (Wennerstrom)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)(a) Residence. No. 48 Orient Avenue
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months 3 days. In place of residence 15 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 23 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 20 1953 to Dec 23 1953

I last saw her alive on Dec 22 1953 death is said to

have occurred on the date stated above, at 4:20 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH (a) SEVERE Myocardial
InfarctionANTE
CEDENT
CAUSESDue To (b) Ruptured Aorta
of 250 lbs. for

Due To (c) 250 lbs. for 10 years

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? Clinical Exam

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [Signature]

(Address) 917 Bennington St., E. Boston

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 26th 1953

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed DEC 28 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Female White

MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William H. Barker
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 years 8 Months 20 Days
If under 24 hours ... Hours ... Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. None

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Victor Wennerstrom

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Sweden

19 MAIDEN NAME

OF MOTHER

Regina Peterson

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Sweden

21 Informant: Mr. William H. Barker-hus.
(Address) 48 Orient Ave., E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Barker
(Signature of Agent of Board of Health or other)

(Official Designation)

17-94-53
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900,475

PLACE OF DEATH
1

SUFFOLK
BOSTON
(County)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 11335 278

No. Boston State Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH E. CORBETT (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 22 Treseott St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 10 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 23 1953 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 12/13 19 to 12/23 1953. I last saw him alive on 12/22 1953, death is said to have occurred on the date stated above, at 4:50 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) coronary occlusion mins. INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES Due To (b) general arterio-sclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS psychotic depressive reaction

Major findings: Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) R Ehrenberg M. D. (Address) BSH Date 12/23 1953

6 St. Joseph's (City or Town)

DATE OF BURIAL Dec. 26 1953

7 NAME OF FUNERAL DIRECTOR M Kirby ADDRESS Winthrop, Mass.

Received and filed JAN 11 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED Single or DIVORCED

11 IF STILLBORN, enter that fact here. 12 AGE 69 Years Months Days If under 24 hours Hours Minutes

(or) WIFE of (Husband's name in full)

13 Usual Occupation: Roofer (Kind of work done during most of working life)

14 Industry or Business: Building Trade

15 Social Security No. 023-03-0366

16 BIRTHPLACE (City) (State or country) Boston, Mass

17 NAME OF FATHER Patrick H Corbett

18 BIRTHPLACE OF FATHER (City) (State or country) Boston, Mass

19 MAIDEN NAME OF MOTHER Christine Welch

20 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass

21 Informant (Address) J Moriarty

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 28 1953

DATE OF ENTERING MILITARY SERVICE - 5/21/17

" " DISCHARGE

5/20/21

RANK, RATING

Cook, 2nd Class

ORGANIZATION & OUTFIT

U S Naval Reserve Force

SERVICE NUMBER

122 63 27

JAN 11

JAN 11

11

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHBOSTON
(City or town making return)

Registered No. 1135280

No. Boston Lying In Hospt Boston Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Duval
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR.)(a) Residence. No. 19 Seymour St Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 24/53
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Dec. 22/53 19 to Dec. 24 19 53
I last saw her alive on Dec. 24 19 53, death is said to have occurred on the date stated above, at 6:15A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Prematurity

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D E Reid M. D.
(Address) Boston Mass. Date 12-24 19536 Place of Burial or Cremation St Michael's Boston Mass.
(City or Town)

DATE OF BURIAL Dec. 26/53 19

7 NAME OF FUNERAL DIRECTOR G M Lincham

ADDRESS Boston Mass.

Received and filed JAN 11, 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED Single WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months 1 Days If under 24 hours 16 Hours.....Minutes

13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER Edward Duval

18 BIRTHPLACE OF FATHER (City) East Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Mary Andrade

20 BIRTHPLACE OF MOTHER (City) East Boston Mass.
(State or country)21 Informant Boston Lying In Hospt
(Address)A TRUE COPY Charles A. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 28/53 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

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R-301

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50M-(A)-11-51-905807

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

4 I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on. death is said to

have occurred on the date stated above, at. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)ANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation.

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

6 Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed.

A TRUE COPY ATTEST:



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

281

{(If death occurred in a hospital or institution,
give its NAME instead of street and number){(Was deceased a
U. S. War Veteran,
if so specify WAR)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of.

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

52 Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation.

Salesman

(Kind of work done during most of working life)

14 Industry

or Business:

Thermistor

15 Social Security No.

not known

16 BIRTHPLACE (City)

(State or country)

Boston Mass

17 NAME OF

FATHER

Alexander F. Bianco

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Louise Piscopo

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21 Informant

(Address)

27 Woodside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

282

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Margaret A. Bradley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 24 Dolphin Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 25 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 22 1953 to Dec 25 1953

I last saw her alive on Dec 25 1953, death is said to

have occurred on the date stated above, at 8:30 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Intestinal obstruction 12 hr

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES (b)

Due To Carcinoma of small intestine 6 hr

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma of small bowel

Of operations: Dec 24 53 Was autopsy performed? no

Date of operation: Dec 24 53

What test confirmed diagnosis? operation

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address) 124 Benth Date Dec 25 1953 M. D.

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 28 1953

7 NAME OF FUNERAL DIRECTOR J. H. F. O. Maly
Winthrop Mass

ADDRESS

Received and filed DEC 28 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of(Give maiden name of wife in full)
(or) WIFE of Joseph Bradley
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.
16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER John T. Sullivan

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Catherine J. McQuade

20 BIRTHPLACE OF MOTHER (City) Connecticut
(State or country)21 Informant Regina Bradley
(Address) 24 Dolphin Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 12-28-53

PLACE OF DEATH

R-301A

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50M-5-52-907046

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3.53-909098

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 283 11376

No. Mass. General Hospt Boston

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Liberman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 19 Beach Road
(Usual place of abode)

St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 21.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 25/53
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1953, to Dec. 25, 1953

I last saw him alive on....., 19....., death is said to have occurred on the date stated above, at 3:18 PM.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Lobar pneumonia

INTERVAL BETWEEN ONSET AND DEATH 4 Days

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Cerebral thrombosis Diabetes mellitus

6 Days 1 Yr.

Major findings: Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) C. L. Clay M. D. (Address) Mass. General Hospt 12-26-1953

6 Place of Burial or Cremation Mt. Lebanon Beth El-West Roxbury (City or Town)

DATE OF BURIAL Dec. 27/53 19

7 NAME OF FUNERAL DIRECTOR B Bimbach

ADDRESS Dorchester Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Ida Aronsky (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Retired (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Russia (State or country)

17 NAME OF FATHER Raphael Liberman

18 BIRTHPLACE OF FATHER (City) Russia (State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Russia (State or country)

21 Informant Nathan Andelman (Address)

A TRUE COPY Charles H. Andelman ATTEST: (Registrar of City or Town where death occurred) Dec. 29/53

DATE FILED 19

RECEIVED



JAN 15 AM

RECEIVED



JAN 15 AM

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

284

No. Winthrop County Hospital 40 Linden St (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Baby girl Lebellier
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 123 Lawrence
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 26 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw him alive on 19 death is said to
have occurred on the date stated above, at m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) StillbornINTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT (b) Due To
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.Date of operation. Was autopsy performed? noWhat test confirmed diagnosis? Chloroform

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) SSS(Address) 1903Date Dec 26 19536 Baby Cross
Place of Burial or Cremation(City or Town) MaldenDATE OF BURIAL Dec 28 19537 NAME OF
FUNERAL DIRECTOR Lebellier, MargaretADDRESS East BostonReceived and filed December 28 1953

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here Stillborn

12

AGE Years Months. Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country) Winthrop Mass.

17 NAME OF

FATHER Edward Lebellier

18 BIRTHPLACE OF

FATHER (City)

(State or country) Cambridge Mass.

19 MAIDEN NAME

OF MOTHER Georgina Gay

20 BIRTHPLACE OF

MOTHER (City)

(State or country) East Boston Mass.

21

Informant

(Address) Edward Lebellier
123 Lawrence St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker

(Signature of Agent of Board of Health or other)

H. O.

(Official Designation)

Dec. 26 - 1953

(Date of Issue of Permit)

50M (8)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS
OR
CERTIFICATE

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PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

285

Registered No.

No. Winthrop Community Hosp (If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)2 FULL NAME Boy #1 Bay White
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, NO
if so specify WAR)(a) Residence. No. 628 Boulevard
(Usual place of abode)Revere
(If nonresident, give city or town and State)

Length of stay: In place of death... years... months... days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 26, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19... to... 19...I last saw him alive on... 19... death is said to
have occurred on the date stated above, at... 1... P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) StillbornINTERVAL BE-
TWEEN ONSET
AND DEATHANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) P. J. Baker M. D.
(Address) 1912 Date Dec 26 19 536 St. Michael Cemetery Boston
Place of Burial or Cremation (City or Town)DATE OF BURIAL Dec. 30 19 537 NAME OF FUNERAL DIRECTOR Annaghis & SonADDRESS 59 So. Margin St. BostonReceived and filed DEC 28 1953 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of... (Give maiden name of wife in full)

(or) WIFE of... (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn12 AGE Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: —
(Kind of work done during most of working life)14 Industry
or Business: —15 Social Security No. —16 BIRTHPLACE (City) Winthrop Mass
(State or country)17 NAME OF FATHER David White18 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass19 MAIDEN NAME OF MOTHER Teresa Rose Marrella20 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass21 Informant David White
(Address) 628 Boulevard, RevereI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12-28-53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No.

Winthrop Community Hosp.

2 FULL NAME

Bob boy #11 White

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

628 Boulevard

St.

Revere

(If nonresident, give city or town and State)

Length of stay: In place of death... years... months... days. In place of residence... years... months... days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

286

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHDec 26 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

19... to... 19...

I last saw h... alive on... 19... death is said to

have occurred on the date stated above, at 1:21 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Stillborn

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSES

Prematurity

Due To
(c)

794 ME

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

St. Michael's

Place of Burial or Cremation

DATE OF BURIAL

Dec. 30

1953

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

59 St. Margis St. Boston

Received and filed

DEC 28 1953

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

Stillborn

12

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation

(Kind of work done during most of working life)

14 Industry

or Business

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Winthrop

Mass.

17 NAME OF

FATHER

David White

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Revere

Mass.

19 MAIDEN NAME

OF MOTHER

Teresa Rose Maselli

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Revere

Mass.

21

Informant

(Address)

David White

628 Boulevard, Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12-28-53

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Chap. 114, Sec. 49, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

PLACE OF DEATH
1

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

288

No. Danvers State Hospital, Hathorne

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Mary E. Batten (Goodrich)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

125 Cliff Ave.

Winthrop

(a) Residence. No.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 15, 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Arteriosclerosis
General Senile Debility

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19

Where did
Injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place?.....
(Specify type of place)

Manner of
Injury.....
(How did injury occur?)

Nature of
Injury.....

While at work?.....Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Ralph P. McCarthy M. D.

(Address) Peabody, Mass. Date 12/16/1953

7 Wildwood Cemetery Winchester
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL December 18, 1953

8 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons, Inc.
ADDRESS Boston, Mass.

Received and filed. JAN 13 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)
MARRIED
WIDOWED, widowed
or DIVORCED

Female

White

WIDOWED

11a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of. (Unknown) Batten
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 93 Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation: Unable to work
(Kind of work done during most of working life)

15 Industry
or Business:

16 Social Security No.

17 BIRTHPLACE (City) London
(State or country) England

18 NAME OF FATHER Thomas Goodrich

19 BIRTHPLACE OF FATHER (City) England
(State or country)

20 MAIDEN NAME OF MOTHER Emma Higgins

21 BIRTHPLACE OF MOTHER (City) England
(State or country)

22 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

TRUE COPY.

ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED December 21 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

50m-(c)-10-48-24658

PLACE OF DEATH

NORFOLK

(County)

BROOKLINE

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

Registered No. 917 289

No. Allerton Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Isaac Katz

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 26 Buchanan Street
(Usual place of abode)

St. Winthrop, Massachusetts
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 7. days. In place of residence. years. 6. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 16 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from December 9, 1953, to December 16, 1953.

I last saw him alive on December 15, 1953 death is said to

have occurred on the date stated above, at 9:25 a. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Multiple Myeloma

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify Henry Baker

(Signed) 183 Beacon St M. D.
(Address) Boston, Mass. Date Dec. 16 1953

6 Workmen's Circle Cemetery, Melrose, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 17 1953

7 NAME OF FUNERAL DIRECTOR H. J. Torf
ADDRESS 151 Washington Av., Chelsea, Mass.

Received and filed. 13 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

10a If married, widowed, or divorced HUSBAND of Anna Glass
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Retired Storekeeper
(Kind of work done during most of working life)

14 Industry or Business: Retail

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Morton Katz

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) (State or country) Poland

21 Informant Norman Katz
(Address) 127 Grove St., Chelsea, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED December 18 1953

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-303 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

X

PLACE OF DEATH

1

Suffolk

(County)

Chelsea

(City or Town)

Chelsea Soldiers' Home

No.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No.

704

290

(If death occurred in a hospital or institution, give its NAME instead of street and number)

William Richter

SA

2 FULL NAME. (If deceased is a married, widowed or divorced woman, give also maiden name.)

85 Fremont St.

Winthrop, Mass.

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 7 years. 10 months. 60 days. In place of residence. 60 years. 10 months. 60 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec. 16, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Cerebral thrombosis. Gen. Arterio sclerosis. Arterio sclerotic heart disease. Old fracture Rt. Femur.

5 Accident, suicide, or homicide (specify).

Date and hour of injury. 19

Where did

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?

(Specify type of place)

Manner of

Injury

(How did injury occur?)

Nature of

Injury

While at work? Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Wm. J. Brickley

Boston, Mass.

Date

12/16/53

7 Winthrop Cem., Winthrop, Mass.

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL

Dec. 18, 1953

19

8 NAME OF

FUNERAL DIRECTOR

Maurice W. Kisely

210 Winthrop St. Winthrop

ADDRESS

JAN 12 1954

Received and filed. 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

11a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE

76

Years

Months

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:

Trainman

(Kind of work done during most of working life)

15 Industry

or Business:

Railroad

16 Social Security No.

17 BIRTHPLACE (City)

(State or country)

Jersey City, N.J.

18 NAME OF

FATHER

Herman

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Barden Barden, Germany

20 MAIDEN NAME

OF MOTHER

cannot be learned-Glantz

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Germany

22

Informant

(Address)

Any Richter (wife)

210 Winthrop St. Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Dec. 18, 1953

19



JAN 12 AM

Enlisted April 22, 1898
Discharged Apr. 21, 1901
Private
76th Co. Coast Artillery

X

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH
1

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Suffolk (County)
Chelsea (City or Town)
Chelsea (City or town making return)
 Registered No. **705 291**



No. **U.S. Naval Hospital** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME **Baby Boy Woolley** { (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (If deceased was a U. S. War Veteran, if so specify WAR)
 (a) Residence. No. **19 Neptune Ave.** St. **Winthrop, Mass.**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Dec. 16, 1953**
 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
 19 to 19
 I last saw him alive on 19 death is said to
 have occurred on the date stated above, at **4:20 p.m.**
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Stillbirth**
 ANTE Due To
 CEDENT (b) **Abruptio placenta**
 CAUSES
 Due To
 (c) **Anencephalus**
 OTHER SIGNIFICANT CONDITIONS **Prematurity.**

INTERVAL BETWEEN ONSET AND DEATH

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR OR RACE **White** 10 SINGLE (write the word) **Single**
 MARRIED WIDOWED or DIVORCED
 10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)
 11 IF STILLBORN, enter that fact here. **stillborn**
 12 AGE Years Months Days If under 24 hours Hours Minutes
 13 Usual Occupation: (Kind of work done during most of working life)
 14 Industry or Business:
 15 Social Security No.
 16 BIRTHPLACE (City) (State or country) **Chelsea, Mass.**
 17 NAME OF FATHER **Robert H.**
 18 BIRTHPLACE OF FATHER (City) (State or country) **Columbus, Ohio**
 19 MAIDEN NAME OF MOTHER **Audrey June Morris**
 20 BIRTHPLACE OF MOTHER (City) (State or country) **Columbus, Ohio**
 21 Informant (Address) **Mrs. Robert H. Woolley 19 Neptune Ave., Winthrop**

PARENTS

Major findings:
 Of operations:
 Date of operation. Was autopsy performed? **yes**
 What test confirmed diagnosis?
 5 Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) **D. M. Shook** M. D.
 (Address) **1000 Centre St.** Date **12/16/53**
 6 Place of Burial or Cremation **Everett** (City or Town)
 DATE OF BURIAL **Dec. 18, 1953**
 7 NAME OF FUNERAL DIRECTOR **J. Vincent Murray**
 ADDRESS **262 Boston St., Boston, Mass.**
 Received and filed **JAN 12 1954**
 (Registrar of City or Town where deceased resided)

A TRUE COPY
 ATTEST: **Joseph A. Tyrrell**
 (Registrar of City or Town where death occurred)
 DATE FILED **Dec. 18, 1953**

X

PLACE OF DEATH

Middlesex

(County)

Waltham

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Waltham

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

676 292

No. Murphy Army Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Patrick McIntosh

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran, No
if so specify WAR)

(a) Residence. No. 38 Revere

(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY. That I attended deceased from
Dec 19 53 to Dec 19 53

I last saw him alive on Dec 19 53

have occurred on the date stated above, at 10:10 PM

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) immaturity with brain
hemorrhage.ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation..... Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify J. M. Ludwig

(Signed) Waltham, Mass. 12-21 53

(Address) Post con., Ft. Devens, Ayer

6 Place of Burial or Cremation

DATE OF BURIAL December 22 53

(City or Town)

7 NAME OF W. J. Cox

FUNERAL DIRECTOR Belmont, Mass.

ADDRESS

Received and filed MAY 13 1954

50m-(c)-10-48-24638

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days 6 under 23 hours
Hours.....Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Waltham

16 BIRTHPLACE (City) Waltham, Mass.
(State or country)17 NAME OF Gerald S. McIntosh
FATHER18 BIRTHPLACE OF Nova Scotia
FATHER (City) Canada
(State or country)19 MAIDEN NAME Lillian E. Oakes
OF MOTHER20 BIRTHPLACE OF Boston
MOTHER (City) Mass.
(State or country)21 Informant Gerald S. McIntosh
(Address) Winthrop, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED December 29 19 53

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



JAN 13 1911

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH

Essex

(County)

Lynn

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Lynn

(City or town making return)

Registered No.

293

No. Lynn Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alma Avery (Anderson)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.
(Usual place of abode)

91 Washington

45 Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

December 27, 1953

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If a violent death, specify date, time, place, and

Multiple fractures of ribs and
extremities with bilateral hemo-
thorax and hemopneumonia. Con-
tusion of brain. Accidental.
Auto accident.

Accident

5 Accident, suicide, or homicide (specify) Dec. 23/53 7:05p.m.

Date and hour of injury or
injury occur? Saugus, Mass. 19

Where did
injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place? Auto accident
(Specify type of place)

Manner of
injury Multiple fractures, etc.,
(How did injury occur?)

Nature of
injury No Yes

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify Hugh F. Broderick

(Signed) Swamp., Mass. 12/27/ 53

(Address) Vine Hill Plymouth 19

7 Place of Burial, or Cremation. Dec. 31 53
(City or Town)

DATE OF BURIAL Roy E. Beeman 19

8 NAME OF
FUNERAL DIRECTOR Middle St., Plymouth

ADDRESS Dec. 30 53

Received and filed. JAN 13 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female

10 COLOR OR RACE White

11 SINGLE (Write the word)
MARRIED
WIDOWED
or DIVORCED Married

11a If married, widowed, or divorced

HUSBAND of. Herbert S. Avery
(Give name, maiden name, and date of marriage in full)

(or) WIFE of. (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 70 7 5
Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation. Housewife
None of work done during most of working life)

15 Industry or Business: None

16 Social Security No. Louisville Ky.

17 BIRTHPLACE (City)
(State or country) John Anderson

18 NAME OF
FATHER Sweden

19 BIRTHPLACE OF
FATHER (City)
(State or country)

20 MAIDEN NAME Pauline Hageman
OF MOTHER

21 BIRTHPLACE OF
MOTHER (City)
(State or country) Germany

22 Informant Daniel Avery
(Address) Cliff St., Plymouth

JAMES A. Dumas, M.D.

ATTEST: Commissioner (Registrar of City or Town where death occurred)

DATE FILED 19

25m-(1)-10-48-24658

TECE



JAN 13

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(e)-10-48-24658

Form VS No. 49

MARGIN RESERVED FOR BINDING

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH
TYPEWRITE, HAND-PRINT, OR WRITE LEGIBLY IN PERMANENT BLACK OR BLUE-BLACK INK.
PENCILS, COLORED INKS, OR BALLPOINT PENS SHOULD NEVER BE USED. SIGNATURES SHOULD
BE LEGIBLE. THIS IS A PERMANENT RECORD.

(See Reverse for Instructions)

MEDICAL CERTIFICATION

New York State Department of Health OFFICE OF VITAL STATISTICS CERTIFICATE OF DEATH Dist. No. <u>5098</u> To be inserted by registrar Registered No. <u>53273</u> 119											
1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u>Steuben</u> b. TOWN <u>Bath</u> c. CITY OR VILLAGE <u>8020</u> d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration</u>						2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mass.</u> b. COUNTY <u>Suffolk</u> c. TOWN <u>Winthrop</u> d. CITY OR VILLAGE <u>Winthrop</u> e. STREET ADDRESS <u>241 Washington Avenue</u> f. DATE OF DEATH (Month) (Day) (Year) <u>August 5 1953</u>					
3. NAME OF DECEASED (Type or Print) <u>DONALD D. DELANY</u>		4. SEX <u>male</u>		5. COLOR OR RACE <u>white</u>		6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		7. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Elizabeth Gallagher</u>		8. BIRTHPLACE (State or foreign country) <u>Moline, Ill.</u>	
9. DATE OF BIRTH <u>10/27/92</u>		10. AGE Years <u>60</u>		11. Months <u>9</u>		12. Days <u>8</u>		13. IF UNDER 24 HRS. Hours Min. <u>5</u>		14. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Advertising Executive</u>											
16. FATHER'S NAME <u>John Delany</u>											
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give sex or dates of service) <u>yes</u> <u>WWII</u>						18. SOCIAL SECURITY NO. <u>110-12-0486</u>					
19. INFORMANT'S NAME <u>VA Hospital Records, Bath, N Y</u>											
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) <u>Acute coronary thrombosis</u> DUE TO (B) <u>Arteriosclerotic heart disease</u> DUE TO (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.										INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>8 years</u> <u>2 years</u>	
II OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it. <u>Diabetes mellitus</u> <u>720.0</u>											
20a. DATE OF OPERATION				20b. MAJOR FINDINGS OF OPERATION				21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
22a. ACCIDENT, SUICIDE, HOMICIDE (Specify)				22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				22c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
23a. TIME (Month) (Day) (Year) (Hour) OF INJURY				23b. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>				23c. HOW DID INJURY OCCUR?			
24. I hereby certify that I attended the deceased from <u>August 5</u> , 19 <u>53</u> , to <u>August 5</u> , 19 <u>53</u> , and that death occurred at <u>6:50 a.m.</u> , from the causes and on the date stated above.											
25. SIGNATURE <u>H.W. Baum, Acting Ch. Prof. Services</u> M.D.						26. ADDRESS <u>VAC, Bath, N Y</u>			27. DATE SIGNED <u>8/5/53 19</u>		
28a. PLACE OF BURIAL, CREMATION OR REMOVAL <u>VA Center, Bath, N Y</u>						28b. DATE <u>8/5/53 19</u>			28c. UNDERTAKER'S SIGNATURE <u>Reg. LICENSE NO. 003 240</u>		
29. DATE FILED BY LOCAL REG. <u>8/5/53 19</u>						30. REGISTRAR'S SIGNATURE <u>Joe A. Chappone</u>			31. UNDERTAKER'S ADDRESS <u>Bath, N Y</u>		
Burial or <input type="checkbox"/> Permit issued by <u>JOS. A. CHAPONE</u> Date of issue <u>8/5/53 19</u>											

Received and filed SEP 2 1953

(Registrar of City or Town where deceased resided)

DATE FILED 19



